



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 001741387

2. Name of Corporation COVENTRY YOUTH OAKERS SPORTS AND CHEER

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
624110

4. Principal Office Address

No. and Street: 31 DIANE DR
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROMOTE YOUTH SPORTS AND CHEER

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

| | | |
|----------|-------------------------|---|
| DIRECTOR | JOSEPH W GAULIN JR | 31 DIANE DR COVENTRY, RI 02816 USA |
| DIRECTOR | SABRINA GAULIN | 31 DIANE DR COVENTRY, RI 02816 USA |
| DIRECTOR | GARY GOODHEART | 5 ANN CT COVENTRY, RI 02816 USA |
| DIRECTOR | NIKOLE SOUBLIERE-BRZOZA | 48 ARABIAN DR COVENTRY, RI 02816 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SABRINA GAULIN 31 DIANE DRIVE COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of July, 2023 at 11:25:12 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SABRINA GAULIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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