	State of Rhode Office of the Secret		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S			
1426	Providence RI 029			
1030	(401) 222-30			
Non-Profit Corporation				
Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6- annual report within the time pre penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·			
ANNUAL REPORT YEAR - ENT	ER THE <u>CURRENT</u> FILING	YEAR 2023 : <u>2023</u>	3	
1. Corporate ID No. <u>00002</u>	5752			
2. Name of Corporation The Edgewood Eagles				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled NA primary type of activity in which populate a NAICS Code based box on the right. For further ass	n your entity engages. The on the chosen selection. If	box to the right of the NAICS Code is	the dropdown will s known, enter it into the	
NAICS Code				
<u>624190</u>				
4. Principal Office Address				
No. and Street: POBO	X 100404			
City or Town: <u>CRANS</u>		I Zip: <u>02910</u>	Country: <u>USA</u>	
5. Brief Description of the Cha	racter of the Affairs Cond	ucted in Rhode Isla	• <u> </u>	
YOUTH FOOTBALL AND	CHEERLEADING ORG	ANIZATION		
6. Names and Addresses of th	e 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		ddress wn, State, Zip Code, Country	

PRESIDENT	DAVID MELONI	4 STARR STREET JOHNSTON, RI 02919 USA	
TREASURER	NICOLE POMERANZ	139 OAKLAND AVENUE CRANSTON, RI 02910 USA	
SECRETARY	SAMANTHA DAY	6 HOWARD STREET CRANSTON, RI 02920 USA	
DIRECTOR	JESSICA OLIVER	9 JEFFERSON STREET WARWICK, RI 02888 USA	
DIRECTOR	SHANIKA DOCTOR	202 SARATOGA STREET PROVIDENCE, RI 02905 USA	
DIRECTOR	NATHAN BAGSHAW	63 REMINGTON FARM DRIVE COVENTRY, RI 02816 USA	
DIRECTOR	BRIAN WILCOX	1130 LOGEE STREET WOONSOCKET, RI 02895 USA	
DIRECTOR	JOSEPH GAULIN	31 DIANE DRIVE 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

NICOLE POMERANZ 139 OAKLAND AVENUE CRANSTON, RI 02910

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

Signed this 11 Day of July, 2023 at 1:59:48 PM 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 SHANIKA DOCTOR

Signature of Authorized Person

Form No. 631 Revised 09/07

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