



**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: June 1 - June 30

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: 2021

1. Corporate ID No. 000518592

2. Name of Corporation RHODE ISLAND RUGBY FOOTBALL FOUNDATION, INC.

3. State of Incorporation

State: RI

ARTICLE III

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

4. Principal Office Address

No. and Street: C/O JASON GIROUX

765 RIVER AVE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO PROVIDE MAXIMUM OPPORTUNITY FOR ITS MEMBERS TO PLAY RUGBY

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
PRESIDENT	JASON GIROUX	765 RIVER AVE PROVIDENCE, RI 02908 USA
SECRETARY	ASHLEY HANSON	24 S BULFINCH ST UNIT 209 NORTH ATTLEBORO, MA 02760 USA
VICE PRESIDENT	KEITH RUDENAUER	32 EVERETT ST SOMERSET, MA 02726 USA
TREASURER	CASSIDY CHAPMAN	9 NW MAIN ST DOUGLAS, MA 01516 USA
DIRECTOR	ANDREW MROCZKA	21 ALLEN AVE BARRINGTON, RI 02806 USA
DIRECTOR	CHRIS HOLMAN	41 MARIGOLD CIRCLE NORTH PROVIDENCE , RI 02904 USA
DIRECTOR	AMANDA MELI	439 OAK ST METHUEN, MA 01844 USA
DIRECTOR	CHRIS ARSENAULT	82 AMORY PETTY WAY WESTPORT , MA 02790 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**

JASON GIROUX 765 RIVER AVE PROVIDENCE , RI 02908

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

Signed this 14 Day of June, 2021 at 6:59:56 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 CASSIDY E. CHAPMAN
Signature of Authorized Person

Form No. 631
Revised 09/07