	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines		
	148 W. River S		
	Providence RI 029		
1630	(401) 222-30	40	
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 pr penalty fee of \$25.00.	•		
ANNUAL REPORT YEAR - EN	TER THE <u>CURRENT</u> FILING '	YEAR <b>2023</b> : <u>2023</u>	
1. Corporate ID No. <u>0005</u>	<u>18592</u>		
2. Name of Corporation <u>RH(</u>	DDE ISLAND RUGBY FO	OTBALL FOUNDA	TION, INC.
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is ki	e dropdown will
NAICS Code			
<u>713990</u>			
4. Principal Office Address			
	<u>SON GIROUX</u> <u>ER AVE</u>		
City or Town: <u>PROVII</u>	<u>DENCE</u> State	: <u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Island	1
TO PROVIDE MAXIMUM	OPPORTUNITY FOR ITS	S MEMBERS TO PI	<u>.AY RUGBY</u>
6. Names and Addresses of t	the Officers and Directors:		
All Directors and Officers me Island Corporation shall not		ne number of DIRECT	ORS of a Rhode
Title	Individual Name	Add	ress

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	JASON GIROUX	765 RIVER AVE PROVIDENCE, RI 02908 USA	
TREASURER	CASSIDY CHAPMAN	9 NW MAIN ST DOUGLAS, MA 01516 USA	
SECRETARY	AMANDA MELI	6 MAPLE ST. PLAINVILLE, MA 02762 USA	
VICE PRESIDENT	SUSAN ELY	120 ABBOTT ST. PROVIDENCE , RI 02906 USA	
DIRECTOR	JANNELLE CARRETERO	6 MAPLE ST. PLAINVILLE, MA 02762 USA	
DIRECTOR	CHRISTOPHER HOLMAN	41 MARIGOLD CIRCLE NORTH PROVIDENCE, RI 02904 USA	
DIRECTOR	ANDREW MROCZKA	21 ALLEN AVE BARRINGTON, RI 02806 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 May, 2023 at 7:32:52 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 <u>CASSIDY E CHAPMAN</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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