

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation falling 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.			-		, <u>-</u>		
1. Corporate ID No.	2. Name of Corporation						
143808	Tri-Town Titans Pop Warner Football & Cheerleading League Inc.						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zlp		
Rhode Island	P.O. Box 177			N. Scituate	02857		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
To organize and support athletic activities for the youth of northern Rhode Island, in particular, youth football and cheerleading.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name			Vice President Name				
Michael C. Kravitz			Delaine Mariano				
Street Address			Street Address				
35 1/2 Shippee Schoolhouse Rd.			51 Regina Drive				
City	State	Zip	Gity	State	Zip		
Foster	RI	02825	N. Scituate	RI	02857		
Secretary Name Cindy Maxwell			Treasurer Name Leon Gagnon				
Street Address 1386 Chopmist Hill Rd.			Street Address 799 Central Pike				
City	State	Zip	City	State	Zip		
N. Scituate	RI	02857	N. Scituate	RI	02857		
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) [FILL IN SPACES BI	EFORE USING ATTACH	MENTS		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23							
Director Name			Director Name				
Michael C. Kravitz			Delaine Mariano				
Street Address			Street Address				
35 1/2 Shippee Schoolhouse Rd.			51 Regina Drive				
City	State	Zip	City	State	Zip		
Foster	RI	02825	N. Scituate	RI	02857		
Director Name			Director Name				
Cindy Maxwell			Leon Gagnon				
Street Address			Street Address 799 Central Pike				
1386 Chopmist Hill Rd.							
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	t .	t .	ry. Schuale es require filing of Form 64	•	•		
Agent Name Michael C. Kravitz			Address				
Address			City	Zip			
35 1/2 Shippee Schoolhouse Rd.			Foster	02825			
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee							

File Date	FILED
Check No	JUN 0 2 20018
^{Ву:} Ву.	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have	ave examined this
report, including any accompanying schedules and state	ments, and that all
statements contained herein are true and correct.	
Superior C. J.	4/15/08
Signature of Officer	Date
Michael C. Kravitz	
Print or Type Name of Officer	
President	
Title of Officer	