

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-2015 401.222.3040

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 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 \$35.00

penaly jee of \$35.00.					•	
1. Corporate ID No.	2 Name of Go	sporation				
30373	PORTSM	PORTSMOUTH-PATRIOTS YOUTH FOOTBALL ASSOCIATION				
3. State of Incorporation					Zip	
RI	171 CHAS	SE ROAD, (PO BOX 8	8)	PORTSMOUTH	02871	
5. Foreign corporation. Enter principal office address			CHY	State	Zip	
6. Brief Description of the cha.	ractor of the affairs wh	ich are actually conducted in t	Woode Islami		<u> </u>	
YOUTH FOOTBALL A	ND CHEER ASS	OCIATION				
7. NAMES AND ADDRI	ESSES OF THE OI	FICERS, C"Y" ROY FOR	ATTACHMENT) 📋 FILL IN SPAC	PC DEFANCE MODEL COME		
President Name		TICERS: ( A BOX FOR )	Vice President Name	ES BEFORE USING ATTACE	HMENTS	
ANDRE KHALFAYAN			SANDRA CHAPMAN			
Street Address			Street Address			
93 CARRIAGE DRIVE			55 BERKLY			
City	State	$Z_{IP}$	CHy	State	Zip	
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871	
Secretary Name FREDERICK KELLEY			Treasurer Name ERIC P. CHAPPELL			
Street Address 119 WAMPANOAG DRIVE			Street Address 171 CHASE ROAD, PO BOX 8			
City	State	Zφ	Cur	State	Zip	
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871	
8. NAMES AND ADDRE	ESSES OF THE DI	RECTORS: ("X" BOX FOR	RATTACHMENT) FILL IN SPAC	ES BEFORE USING ATTACI	HMENTS	
THE NUMBER OF DIR.	ECTORS OF A DO	OMESTIC (RHODE ISLA	IND) CORPORATION SHALL N	OT BE LESS THAN THREE	(3). R.I.G.L. 7-6-25	
Director Name			Director Name			
SANDRA CHAPMAN			ERIC P. CHAPPELL			
Street Address			Street Address			
55 BERKLY			171 CHASE ROAD, PO BOX 8			
City	State	Zip	Clýr	State	Zip	
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871	
Director Name FREDERICK KELLEY			Ofrector Name ANDRE KHALFAYAN			
Street Address			Street Address			
119 WAMPANOAG DRIVE			93 CARRIAGE DRIVE			
City	State	Zip	Cit)	Statte	Ziji	
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871	
9. REGISTERED AGENT	' IN RHODE ISLA	ND		1	1 0-0, 1	
This information is currer	itly of record in th	e Office of the Secretary of	of State. Changes require filing of	Form 641 - R.I.G.L., 7-6-13/7-	-6-78	
This report r	must be signed by	either the President Vic	e President, Secretary, Assistant	Secretary Transpar Danis	ior or Tructus	
,	· · · · · · · · · · · · · · · · ·	The state of the s	= - remoone, occretary, Assistant	occiding, fredsher, Recent	for or trustee	

199 B.	FILED
File Date Check No.	JUN 2 6 2009
By:	By 1307

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Under penalty of perjury, I declare and affirm t report, including any accompanying schedules at	
statements consumed herein are true and correct.	6-24-09
Signature of Officer P. Chappe U	Date
Print or Type Nama of Officer	
Title of Officer	