

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 2009

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 \$25.00.			•	,	•	
1. Corporate ID No.	2. Name of Corporation	Providence 40	utu Soccer Ass	ant.		
3. State of Incorporation	4. Corporate address in Ri	hode Island - Street Address	WIN SOCCER 1497	OC1/31 104	7/2	
Rhode Island	1	therly STRE	et	North Praidage	02911	
5. Foreign corporation. Enter prin.		0	City	State	Zip	
6. Brief Description of the character of	of the affairs which are acti	ually conducted in Rhode Isla	und	<u> </u>		
	Succer Assa		,,,,			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name William Santanicle			Vice President Name Tony FerNancles			
Street Address 31 LAWN ACRE Dr.			Street Address 30 LAWN ST.			
No. Provider.	State R.I	Zip 02.911	Drandows	State RI	Zip 02908	
Secretary Name Joseph	Saules		Treasurer Name Timesthe Pec	lchenko		
Street Address 11 HAther	y St.		Street Address  SCASS 151	C+.		
No. Providence.	State RI	<sup>Zip</sup> 02911	North Prandesce	State R. I	Zip CODP CH	
8. NAMES AND ADDRESSES	and the contract of the contra	S: ("X" BOX FOR ATTAC		EFORE USING ATTACH		
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION SHALL NOT B	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
PATricia Lamenco			Melanie Threshier			
Street Address Bellve	ne Ave.		Street Address 3 Tingley 1			
No Providence	State RI	<sup>zip</sup> 02911	North Providence	State R.I.	02904	
SANCIA SAC	des		Director Name		- <u> </u>	
Street Address 11 HAtherly	St.		Street Address			
No. Providence	State	Zip <b>Q 9</b> 11	Сиу	State	Zip	
9. REGISTERED AGENT IN I	RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this
1.21.19	report, including any accompanying schedules and statements, and that all statements dentained perein are true and correct.
File Date 6 26 0 1 1 7 3	Signature of Officer  Date
Check No	William Saitoniello Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Presidont  Title of Officer