



**State of Rhode Island and Providence Plantations
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: 2011

1. Corporate ID No. 000030434

2. Name of Corporation Portsmouth Youth Soccer Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 428
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

YOUTH SOCCER PROGRAMS FOR CHILDREN OF PORTSMOUTH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICK PERRAS	82 FIELDSTONE DR PORTSMOUTH, RI 02871 US
TREASURER	CINDY TAVARES	54 OLIVER HAZARD PERRY RD PORTSMOUTH, RI 02871 US
SECRETARY	CATHARINE NORTON	243 SANDY POINT AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	MICK PERRAS	82 FIELDSTONE DRIVE PORTSMOUTH, RI 02871
VICE PRESIDENT	CHRISTINE ROONEY	53 FIELDSTONE DR. PORTSMOUTH, RI 02871 US
DIRECTOR	JENNIFER TINGLEY	41 LINDA DRIVE PORTSMOUTH, RI 02871 US
DIRECTOR	KEITH KOSSOF	99 SPRING HILL ROAD PORTSMOUTH, RI 02871 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICK PERRAS 82 FIELDSTONE DRIVE PORTSMOUTH , RI 02871-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 30 Day of June, 2011 at 7:32:22 AM. *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 corporation, 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 CINDY TAVARES

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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