



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (+01) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139247		2. Exact name of the Corporation NRI Smithfield Vikings Football Association INC			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 33 Hillcrest Ave		City GREENVILLE	Zip 02828
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To develop + Foster Amateur Football players + Teams					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VICTOR FAGNANT			Vice-President Name JOHN CUNHA		
Street Address 378 FARNUM PIKE			Street Address 300 Twin River Rd		
City Smithfield	State RI	Zip 02917	City LINCOLN	State RI	Zip 02865
Secretary Name TIM TAINSH			Treasurer Name MICHAEL MONTILLA		
Street Address 14 JULIEN ST			Street Address 33 Hillcrest Ave		
City Smithfield	State RI	Zip 02917	City GREENVILLE	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VICTOR FAGNANT			Director Name JOHN CUNHA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name TIM TAINSH			Director Name MICHAEL MONTILLA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED
APR 18 2012

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael A. Montella 4-18-12
 Signature of Officer Date

MICHAEL A. MONTILLA
 Print or Type Name of Officer

TREASURER
 Title of Officer

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 SECRETARY OF STATE
 CORPORATIONS DIV