



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: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

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. 000112744		2. Exact name of the Corporation SOCCER RHODE ISLAND			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND ADVANCE THE GAME OF SOCCER ON THE YOUTH LEVEL FOR ALL YOUTH OF THE STATE OF RI			
5. Principal office address 35 BELVER AVENUE, ROOM 113			City NORTH KINGSTOWN	State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN VOTOLATO			Vice-President Name OSCAR DELEMOS		
Street Address 23 WILLOW RD			Street Address 24 SHAWS LANE		
City GREENVILLE	State RI	Zip 02828	City BRISTOL	State RI	Zip 02809
Secretary Name PATRICIA VOTOLATO			Treasurer Name CHARLES GRIFFITH		
Street Address 23 WILLOW RD			Street Address 119 LUCAS AVE		
City GREENVILLE	State RI	Zip 02828	City EAST GREENWICH	State RI	Zip 02818
7. 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 STEPEN VOTOLATO			Director Name OSCAR DELEMOS		
Street Address 23 WILLOW RD			Street Address 24 SHAWS LANE		
City GREENVILLE	State RI	Zip 02828	City BRISTOL	State RI	Zip 02809
Director Name PATRICIA VOTOLATO			Director Name CHARLES GRIFFITH		
Street Address 23 WILLOW RD			Street Address 119 LUCAS AVE		
City GREENVILLE	State RI	Zip 02828	City EAST GREENWIC	State RI	Zip 02818
8. 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 06 2012

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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.

Signature of Officer _____ Date _____

CHARLES GRIFFITH

Print or Type Name of Officer

TREASURER

Title of Officer