



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 2013

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. 30434		2. Exact name of the Corporation Portsmouth Youth Soccer Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island non-profit youth soccer organization			
5. Principal office address 82 Fieldstone Drive		City Portsmouth		State RI	Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mick Perras		Vice-President Name Christine Rooney			
Street Address 82 Fieldstone Drive		Street Address 53 Fieldstone Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Catherine Norton		Treasurer Name Lee Merrill			
Street Address 243 Sandy Point Ave		Street Address 65 Friends Street			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mick Perras		Director Name Jennifer Tingley			
Street Address 82 Fieldstone Drive		Street Address 41 Linda Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Chris Stack		Director Name			
Street Address 79 Vanderbilt Lane		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	Zip
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

MAY 21 2013

By mmc
CR # 1074

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.

Lee Merrill 5/15/13
Signature of Officer Date

Lee Merrill

Print or Type Name of Officer

Treasurer

Title of Officer