



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. 422478		2. Exact name of the Corporation Providence "Northend" 49ERS Football + Cheerleading.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To Bring Community Leaders + Children together for the purpose of a positive programs that Help All involved.			
5. Principal office address 85. NINTH		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Rondie Almeida			Vice-President Name FRED BRUNO		
Street Address 85 NINTH ST			Street Address 196 Old River Rd		
City Providence	State RI	Zip 02906	City Lincoln	State RI	Zip 02865
Secretary Name Keshia Dickey			Treasurer Name SUSAN P. Almeida		
Street Address 75 EAST DR			Street Address 85. NINTH ST		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02906
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 Luis Aponte			Director Name Karl Brown.		
Street Address 353 COMMONWEALTH AVE			Street Address 60 CAMDEN AVE		
City Wawreck	State RI	Zip 02886	City Providence	State RI	Zip 02907
Director Name Rondie Almeida			Director Name Susan P. Almeida		
Street Address 85. NINTH ST			Street Address 85. NINTH ST		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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

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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.

Rondie Almeida 6-7-13
 Signature of Officer Date

Rondie Almeida
 Print or Type Name of Officer
President
 Title of Officer