


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. 485204		2. Exact name of the Corporation RISOA, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association of Soccer Officials assigned to officiate various soccer contest including but not limited to boys high school soccer at the RI interscholastic league and private school.			
5. Principal office address 225 Broadway		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank S. Lombardi			Vice-President Name Tim Whitecross		
Street Address 25 Briarbrooke Lane			Street Address 11 New Road		
City Cranston	State RI	Zip 02921	City Chepachet	State RI	Zip 02814
Secretary Name Brian Samson			Treasurer Name Frank Tedino		
Street Address 25 Corey Avenue			Street Address 11 Cross Road		
City East Greenwich	State RI	Zip 02818	City Johnston	State RI	Zip 02919
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 Dennis W. Brod			Director Name Frank S. Lombardi		
Street Address 468 Main Street, Apt. 3			Street Address 25 Briarbrook Lane		
City Wakefield	State RI	Zip 02879	City Cranston	State RI	Zip 02921
Director Name Frank Tedino			Director Name		
Street Address 11 Cross Road			Street Address		
City Johnston	State RI	Zip 02919	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

FILED

JUL 26 2013

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

Form No. 631

Revised: 05/2012

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

Frank S. Lombardi

Print or Type Name of Officer

President

Title of Officer