



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000031025

2. Name of Corporation The Scituate Youth Soccer Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 764
City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROMOTE THE SPORT OF SOCCER AMONG OUR YOUTH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LARRY SPRAGUE JR.	1294 CHOPMIST HILL ROAD NORTH SCITUATE, RI 02857 USA
VICE PRESIDENT	AL CHRISTIANSEN	66 PEEPTOAD ROAD NORTH SCITUATE, RI 02857 USA
PRESIDENT	JOSEPH DASILVA	7 MILL STREET,

		HOPE, RI 02831- USA
DIRECTOR	JOANN NEWMAN	200 ROCKY HILL ROAD SCITUATE, RI 02857 USA
DIRECTOR	DIANE SCACCO	19 CRESTVIEW DRIVE NORHT SCITUATE, RI 02857 USA
DIRECTOR	JIM SAFFORD	4 ACADEMY DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES SCACCO	19 CRESTVIEW DRIVE NORTH SCITUATE, RI 02857 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LARRY SPRAGUE, JR. 1249 CHOPMIST HILL ROAD NORTH SCITUATE , RI 02857

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of June, 2014 at 9:42:49 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LARRY SPRAGUE JR
Signature of Authorized Person

Form No. 631
Revised 09/07