



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 27475		2. Exact name of the Corporation NEW ENGLAND SOCCER HALL OF FAME	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO HONOR INDIVIDUALS WHO PROMOTE SOCCER	
5. Principal office address 92 GAND STREET		City PROVIDENCE	State RI Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name BRIAN O'CONNELL		Vice-President Name LEN MEACURIO	
Street Address 614 MAPLE AVENUE		Street Address 6 NEEDHAM STREET	
City SWANSEA	State MA	City JOHNSTON	State RI Zip 02919
Secretary Name JOSEPH J. SOUSA		Treasurer Name LILLIAN N. SOUSA	
Street Address 148 FORT STREET		Street Address 234 MERCER STREET	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI Zip 02914
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 JOSEPH B. SOUSA		Director Name MANUEL LEMOS	
Street Address 234 MERCER STREET		Street Address 66 HILLTOP ROAD	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI Zip 02914
Director Name ERNESTO TEIXEIRA		Director Name JOHN SCOTT	
Street Address 74 MILL STREET		Street Address 2970 MENDON ROAD #26	
City CUMBERLAND	State RI	City CUMBERLAND	State RI Zip 02864
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

JUN 02 2014

Check No _____

By: _____ By **225371**

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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.

Lillian N. Sousa **6-2-14**
Signature of Officer or Authorized Representative Date

Lillian N. Sousa
Print or Type Name of Officer or Authorized Representative