



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. 114750		2. Exact name of the Corporation Narragansett Youth Soccer Association			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island The organization and promotion of a youth soccer league in the Town of Narragansett.			
5. Principal office address 28 Caswell Street		City Narragansett		State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jon Pratt		Vice-President Name None			
Street Address 66 Conanicus Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name None		Treasurer Name Christine Clancey			
Street Address		Street Address 43 Tanglewood Trail			
City	State	Zip	City Narragansett	State RI	Zip 02882
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 Jon Pratt		Director Name Christine Clancey			
Street Address 66 Conanicus Road		Street Address 43 Tanglewood Trail			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Mark Manocchia		Director Name			
Street Address 37 Julia Avenue		Street Address			
City Narragansett	State RI	Zip 02882	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, duly Authorized Representative, Receiver or Trustee

FILED

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.

JUL 29 2014

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

1044

Signature of Officer or Authorized Representative

Date

Jon Pratt

Print or Type Name of Officer or Authorized Representative