RI SOS Filing Number: 201447331300 Date: 10/08/2014 10:02 AM

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. 000026752

2. Name of Corporation The Edgewood Eagles

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 100404
City or Town: CRANSTON State: RI Zip: 02910 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

YOUTH FOOTBALL AND CHEERLEADING ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	GEORGE J. LINDELL JR	79 TAFT STREET CRANSTON, RI 02905 USA
TREASURER	MELODYE M. WILDE	268 NORTHUP STREET CRANSTON, RI 02905 USA
SECRETARY	ADRIANA DEGRACA	79 ALTON STREET

		CRANSTON, RI 02910 USA
ADMINISTRATION	MELODYE M. WILDE	268 NORTHUP STREET CRANSTON, RI 02905 USA
DIRECTOR	JOSEPH DIBIASE	25 COUNTRY VIEW DRIVE CRANSTON, RI 02921 USA
DIRECTOR	LORI SCHICILONE	PO BOX 10214 CRANSTON, RI 02910 USA
DIRECTOR	WILLIAM CORBIN	69 BURNSIDE AVE CRANSTON, RI 02910 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

MELODYE M. SIMMONS 268 NORTHUP STREET CRANSTON , RI 02905

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

Signed this 8 Day of October, 2014 at 10:05:39 AM 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 MELODYE M. WILDE
Signature of Authorized Person

Form No. 631
Revised 09/07