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.	2. Exact name of the Corporation
30066	WESTERLY PEE WEE FOOTBALL
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: TEACHING CHILDREN THE FUNDAMENTALS OF FOOTBALL

5. Principal office address	City	State	Zip
13 BRANBERRY DRIVE	WESTERLY	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: JOSEPH M. VACCA			Vice-President Name: CHARLES VACCA		
Street Address: 113 EAST AVENUE			Street Address: 113 EAST AVENUE		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891
Secretary Name: DIANE BOWDY			Treasurer Name: TERESA GUARNIERI		
Street Address: 20 SYCAMORE DRIVE			Street Address: 13 BRANBERRY DRIVE		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: JOSEPH M. VACCA			Director Name: CHARLES VACCA		
Street Address: 113 EAST AVENUE			Street Address: 113 EAST AVENUE		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891
Director Name: MAURICE J GUARNIERI			Director Name: BRIAN BERGEL		
Street Address: 13 BRANBERRY DRIVE			Street Address: 5 BELLEVUE AVENUE		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891

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
OCT 10 2014
BY 341

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

10/09/14
Signature of Officer or Authorized Representative — Date

TERESA A. GUARNIERI, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

5TH DIRECTOR

STEPHEN LAUDONE
108 CHURCH STREET
BRADFORD, RI 02808

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OCT 10 2014

BY 300666