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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
485204	RISOA, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Association of Soccer Officials assigned to officiate various soccer contest including but not limited to boys high school soccer at the RI interscholastic league and private school.

5. Principal office address	City	State	Zip
225 Broadway	Providence	RI	02903

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

President Name	Street Address	City	State	Zip
Frank S. Lombardi	25 Briarbrooke Lane	Cranston	RI	02921

Vice-President Name	Street Address	City	State	Zip
Tim Whitecross	11 New Road	Chepachet	RI	02814

Secretary Name	Street Address	City	State	Zip
Brian Samson	25 Corey Avenue	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Frank Tedino	11 Cross Road	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
Frank S. Lombardi	25 Briarbrooke Lane	Cranston	RI	02921

Director Name	Street Address	City	State	Zip
Frank Tedino	11 Cross Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
TIM WHITECROSS	11 NEW ROAD	CHEPACHET	RI	02814

Director Name	Street Address	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
NOV 24 2014

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.

Signature of Officer or Authorized Representative Date

Frank S. Lombardi
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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