



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:** 2015

**1. Corporate ID No.** 000162646

**2. Name of Corporation** Friends of Middle School Soccer, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 241 WALDRON AVE

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 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**

TO ESTABLISH AND OPERATE A SOCCER PROGRAM AT THE MIDDLE SCHOOL LEVEL  
IN THE TOWN OF NORTH KINGSTOWN

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	BYRON LIND	241 WALDRON AVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ERIN WATSON	241 WALDEN AVE NORTH KINGSTOWN, RI 02852 USA

DIRECTOR	BETH KAHLFAYAN	241 WALDRON AVE. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	KATHLEEN LALONDE	241 WALDRON AVE. NORTH KINGSTOWN, RI 02852 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**

BYRON LIND 241 WALDRON AVENUE NORTH KINGSTOWN , RI 02852

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

**Signed this 4 Day of May, 2015 at 2:42:00 PM 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 BYRON LIND  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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