

## 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 2015

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.	Rhode Island Football Officials Association					
30162						
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island  Officiate all levels of football in RI					
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5. Principal office address 28 Silver Lake Ave			City <b>Warwick</b>	State RI	Zip <b>02888</b>	
6. LIST <u>all</u> officers (NA	MES AND ADDI	RESSES) ("X" BOX F		Partition Francisco		
President Name			Vice-President Name			
Kevin Deignan			John Field III			
Street Address			Street Address			
77 Suffolk Drive			55 Marion Avenue			
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852	Cranston	RI	02905	
Secretary Name			Treasurer Name			
Kevin Conway			John Oscarson Sr.			
Street Address			Street Address			
28 Silver Lake Avenue			36 Monroe Dr			
City	State	Zip	City	State	Zip	
Warwick	RI	02888	Coventry	RI	02816	
("X" BOX FOR ATTACHM Director Name			Director Name			
Jared Breeon			Mark Paliotti			
Street Address			Street Address			
126 Glenbrook Rd.			2 Pepperbush Trail			
City	State	Zip	City	State	Zip	
Warwick	RI	02889	Saunderstown	RI	02874	
Director Name			Director Name			
Tony Abbate			Paul Ferrandi			
Street Address 3 West Prospect St			Street Address 22 Melville Ave			
City	State	Zip	City	State	Zip	
Greenville	RI	02828	Narragansett	RI	02882	
B. REGISTERED AGENT IN I	RHODE ISLAND				ejrakert	
		<del></del>	ary of State. Changes require filin	g Form 641.		
			cretary, Assistant Secretary, Treasur		Representative, Recei	
or Trustee		<b>PILE</b>				
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File Date			this report, including any			
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.,B <b>y:</b> :::::::::::::::::::::::::::::::::::			Signature of Officer or Aud	norized Representat	ive Date	
FOR SECRETARY OF STATE USE ONLY			Kanin	Kevin C. Connar		
orm No. 631			Print or Type Name of Office		presentative	
orm No. 531 levised: 04/2014			i mik or Type Name of Offic	SSI SI AULIONEEU ME	ргозоптану <del>с</del>	
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