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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 2016

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
114750	**Narragansett Youth Soccer Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**The organization and promotion of a youth soccer league in the Town Narragansett.**

5. Principal office address	City	State	Zip
55 Hemlock Ave.	**Narragansett**	**RI**	**02882**

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

President Name			Vice-President Name		
Melissa Boze			**Maria Rocchio**		
Street Address			Street Address		
55 Hemlock Ave			**30 Rose Court**		
City	State	Zip	City	State	Zip
Narragansett	**RI**	**02882**	**Narragansett**	**RI**	**02882**
Secretary Name			Treasurer Name		
Bethany Healey			**Christine Clancey**		
Street Address			Street Address		
109 Mountain View Road			**43 Tanglewood Trail**		
City	State	Zip	City	State	Zip
Narragansett	**RI**	**02882**	**Narragansett**	**RI**	**02882**

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

Director Name			Director Name		
Melissa Boze			**Maria Rocchio**		
Street Address			Street Address		
55 Hemlock Ave			**30 Rose Court**		
City	State	Zip	City	State	Zip
Narragansett	**RI**	**02882**	**Narragansett**	**RI**	**02882**
Director Name			Director Name		
Christine Clancey			**Jackie Annino**		
Street Address			Street Address		
43 Tanglewood Trail			**51 Bow Run**		
City	State	Zip	City	State	Zip
Narragansett	**RI**	**02882**	**Saunderstown**	**RI**	**02874**

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUL 2015

BY 2114

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.

Christine M Clancy **6/27/15**

Signature of Officer or Authorized Representative — Date

Christine Clancey

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122610-11-1044622