



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. 114750		2. Exact name of the Corporation Narragansett Youth Soccer Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The organization and promotion of a youth soccer league in the Town Narragansett.			
5. Principal office address 55 Hemlock Ave.		City Narragansett	State RI	Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Melissa Boze		Vice-President Name Maria Rocchio			
Street Address 55 Hemlock Ave		Street Address 30 Rose Court			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Bethany Healey		Treasurer Name Christine Clancey			
Street Address 109 Mountain View Road		Street Address 43 Tanglewood Trail			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 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 Melissa Boze		Director Name Maria Rocchio			
Street Address 55 Hemlock Ave		Street Address 30 Rose Court			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Christine Clancey		Director Name Jackie Annino			
Street Address 43 Tanglewood Trail		Street Address 51 Bow Run			
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 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

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 Clancey
Signature of Officer or Authorized Representative

6/27/15

Date

Christine Clancey

Print or Type Name of Officer or Authorized Representative

JUL 27 2015
BY 2114