

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.	2. Exact name of	the Compretion			
			10 500		
422478	'		49ers Football		
3. State of Incorporation	4. Brief description	n of the character of bu	siness conducted in Rhode Island)
10-	To Provi	de a positive	Youth Student A	thletze to	rogram to the
R L	INWER City	Children I	N providence, Also C	impat the	e lack of after
5. Principal office address 85. WINTH ST			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAME	S AND ADDRESSE	S) ("X" BOX FOR AT	TACHMENT)		
President Name			Vice-President Name		
Rondie Almeida			tred Brund		
Street Address ST			Street Address 196 Old River Rd		
City ProvideNce	State	02906	City	State 2 I	Zip 02865
Secretary Name			Treasurer Name	12.2	10-06-3
LIZA Then			SUSAN HIMEIDE		
Street Address 43 Jewkins			Street Address		
City Drow. dence	KI	02906	City Providence	State RT	Zip 02906
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESS	ES): RHODE ISLAND	CORPORATIONS MUST LIST NO	LESS THAN T	REE (3) DIRECTORS
Director Name			Director Name		
Luis Apont	د		Macy & Sico	-a	
Street Address 353 Common Wealth ANE			Street Address 57 Olega Caract ST		
City 1	State	Zin	57 Please-x+ 3) (Zin
Warwick	State L	0288L	Providence	State RI	02906
Randie Alma	eida-		Susan Almei	da	مد
Street Address 85 WiN+H ST			Street Address SS. WiNTH ST		
City Providence	State RI	^{Zip} 02906	City Providence	State	Zip C
8. REGISTERED AGENT IN RHO	DE ISLAND				10
This information is currently of	record in the Offic	e of the Secretary of	State. Changes require filing Forn	n 641.	क ३०%
This report must be signed by eithe	er the President, Vic	e-President, Secretary	, Assistant Secretary, Treasurer, dui	y Authorized Rep	presentative. Peceiver
or Trustee		FILED			DIV 2: 2:
	JUI 🧎 IV	L 0 2 2015	Under penalty of perjury, I decl	are and affirm t	hat I have examined
File Date	252164	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Check No.		202109	- Dondi It	mili	7/2/5
FOR SECRETARY OF STATE U	ISE ONLY		Signature of Officer or Authorized	f Representative	Date
TO SECULE INTERPRETATION	OCUMENTY		Rond Almo	1	•
Form No. 631 Revised: 04/2014			Print or Type Name of Officer or	Authorized Repre	esentative
151135U. UM/ZUIM					