



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. 422478		2. Exact name of the Corporation Providence NE' 49ERS Football	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide a positive youth student Athletic Program to the inner city children in Providence, Also combat the lack of after	
5. Principal office address 85. NINTH ST		City Providence	State RI
		Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Rondie Almeida		Vice-President Name Tred BRUNO	
Street Address 85 NINTH ST		Street Address 196 Old River Rd	
City Providence	State RI	City Lincoln	State RI
Zip 02906		Zip 02865	
Secretary Name Liza THEN		Treasurer Name SUSAN Almeida	
Street Address 43 JENKINS		Street Address 85. NINTH ST	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Luis Aponte		Director Name Meghan Scirra	
Street Address 353 Commonwealth AVE		Street Address 57 Pleasant ST	
City Warwick	State RI	City Providence	State RI
Zip 02886		Zip 02906	
Director Name Rondie Almeida		Director Name SUSAN Almeida	
Street Address 85 NINTH ST		Street Address 85. NINTH ST	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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

FILED

JUL 02 2015

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.

Rondie Almeida 7/2/15
 Signature of Officer or Authorized Representative Date

Rondie Almeida
 Print or Type Name of Officer or Authorized Representative

File Date _____
 Check No. **252164**
 By: _____
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