



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000030434

2. Name of Corporation Portsmouth Youth Soccer Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 28 PRUDENCE VIEW DRIVE

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

YOUTH SOCCER PROGRAMS FOR CHILDREN OF PORTSMOUTH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARLOS M WILLIAMS	28 RUDENCE VIEW DRIVE PORTSMOUTH, RI 02871 RI
TREASURER	LELAND R MERRILL	65 FRIENDS STREET PORTSMOUTH, RI 02842 US
DIRECTOR	KATHARINE DODGE	255 SANDY POINT LANE

		PORTSMOUTH, RI 02871 US
DIRECTOR	JENNIFER TINGLEY	41 LINDA DRIVE PORTSMOUTH, RI 02871 US
DIRECTOR	MICK PERRAS	82 FIELDSTONE DR, RI 02871 RI

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICK PERRAS 82 FIELDSTONE DRIVE PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of July, 2015 at 9:25:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LELAND MERRILL
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved