



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. 30066		2. Exact name of the Corporation Westerly Pee Wee Football			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Teaching children fundamentals of football/cheerleading			
5. Principal office address 13 Branberry Drive			City Westerly	State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Vacca			Vice-President Name Charles Vacca		
Street Address 113 East Avenue			Street Address 113 East Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Crystal Albamonti			Treasurer Name Teresa Guarnieri		
Street Address 1 Sacco Drive			Street Address 13 Branberry Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Joseph Vacca			Director Name Charles Vacca		
Street Address 113 East Avenue			Street Address 113 East Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Maurice Guarnieri			Director Name Brian Bergel		
Street Address 13 Branberry Drive			Street Address 5 Bellevue Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 BY 382

FILED
JUL 13 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.

Teresa Guarnieri 7/10/15
 Signature of Officer or Authorized Representative Date
Teresa A. Guarnieri Treasurer
 Print or Type Name of Officer or Authorized Representative

5th Exective Board Director

Stephen Laudone
108 Church Street
Bradford, RI 02808

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JUL 13 2015

BY 30066