



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. 000507653

2. Name of Corporation Gaudet Middle School Soccer Club

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 4973
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: MIDDLETOWN State: RI Zip: 02842 Country: UNI

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

CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	CHRISTOS AGOROS	220 COMPTON VIEW DRIVE MIDDLETOWN, RI 02842 USA
TREASURER	JOHN CEGLARSKI	316 COMPTON VIEW DR MIDDLETOWN, RI 02842 USA
DIRECTOR	ERIC OFFENBERG	1446 WAPPING ROAD

		MIDDLETOWN, RI 02842 USA
DIRECTOR	JIM REARDON	8 DONALD DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	KAREN AGOROS	220 COMPTON VIEW DR MIDDLETOWN, RI 02842 USA

**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**

CHRISTOS AGOROS 220 COMPTON VIEW DRIVE P.O. BOX 4973 MIDDLETOWN , RI 02842

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

Signed this 11 Day of August, 2015 at 10:17:52 PM 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 CHRISTOS AGOROS
Signature of Authorized Person

Form No. 631
Revised 09/07

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