



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: 2016

1. Corporate ID No. 000129962

2. Name of Corporation Middletown Youth Football & Cheerleading

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 KING ROAD

City or Town: MIDDLETOWN State: RI Zip: 02842 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

PROVIDING A YOUTH ATHLETIC FOOTBALL AND CHEER PROGRAM WITH BASIS ON SCHOLASTICS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | Address |
|-----------|-----------------|---|
| SECRETARY | JANETTA DONOVAN | 391 VALLEY ROAD MIDDLETOWN, RI 02842 USA |
| PRESIDENT | TINA VARS | 17 KING ROAD MIDDLETOWN, RI 02842- USA |

| | | |
|----------------|--------------------|--|
| VICE PRESIDENT | MELISSA FRATICELLI | 99 HILLSIDE AVE NEWPORT, RI 02840 US |
| DIRECTOR | GRAHAM SELLAR | 25 MURPHY CIRCLE MIDDLETOWN, RI 02842 USA |
| DIRECTOR | RENEE BRIETZKE | 8 REARDON DRIVE MIDDLETOWN, RI 02842 USA |
| DIRECTOR | SHERRI MCLEISH | 5 ORVILLE DRIVE MIDDLETOWN, RI 02842 US |

**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**

TINA VARS 17 KING ROAD 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 3 Day of March, 2016 at 12:20:24 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 TINA VARS
Signature of Authorized Person

Form No. 631
Revised 09/07