



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. 000109008

2. Name of Corporation THE XPRESS FOOTBALL ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 594 PROVIDENCE PIKE

City or Town: NORTH SMITHFIELD

State: RI Zip: 02896 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

SUPPORT AND CONDUCTING BUSINESS OF A NON PROFIT YOUTH FOOTBALL AND LEADING PROGRAM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	NICK AGRELA	278 LINCOLN ST BLACKSTONE, MA 01504 USA
TREASURER	MICHAEL MANZI	594 PROVIDENCE PIKE NORTH SMITHFIELD, RI 02896 USA

SECRETARY	MANDY ALLARD	740 GREAT ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	COLIN CARUFEL	1456 POUND HILL ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MIKE ZAJAC	3 HART POND DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MICHELLE BISBEE	2 WASHINGTON ST BLACKSTONE, MA 01504 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**

H. ANTHONY DELLER, CPA 10 RAILROAD STREET, UNIT 77S SLATERSVILLE , RI 02876

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

Signed this 2 Day of June, 2016 at 8:51:25 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 MICHAEL MANZI
Signature of Authorized Person

Form No. 631
Revised 09/07