RI SOS Filing Number: 201600718630 Date: 06/15/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Pro¿t Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
30260	Rhode Island High School Football Coaches Association
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To Promote high School Football in Rhode Island, to help Young Athletes attain a better understanding of Fair Play thrugh Competitive Athletic Competition

5. Principal Of¿ce Address	City	State	Zip
192 Mohawk Trail	Cranston	R.I.	02921

6. List ALL of¿cers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Eric Anderson	Keith Croft
Street Address: 110 Potter Road	Street Address: 21 Holly Hill lane
City: North Kingstown State: RI Zip: 02852	City: Cranston State: RI Zip: 02921
Secretary Name: Thomas Milewski	Treasurer Name: Thomas Milewski
Street Address: 192 Mohawk Trail	Street Address: 192 Mohawk Trail
City: Cranston State: RI Zip: 02921	City: Cranston State: RI Zip: 02921

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Dino Campopiano	Geoff Marcone
Street Address: 16 Audubon Street	Street Address: 25 Cardinal Street
City: Johnston State: RI Zip: 02919	City: Warwick State: RI Zip: 02886
Director Name: Chris Branch	Director Name
Street Address: 47 Barnes Street	Street Address
City: Smithfield State: RI Zip: 02828	City State Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require ¿ling Form 641.

Under penalty of perjury, I declare and af¿rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Of¿cer/Authorized Representative	Date
Thomas Milewski Secretary / ~~Treasurer~~ Treasurer	6/11/16

Signature of Of¿cer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 15 2016
BY 1215

Form No. 631
Revised: 2016

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