



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. 000099821

2. Name of Corporation RHODE ISLAND RAYS UNITED SOCCER CLUB

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1045 WARWICK AVENUE, SUITE 203

City or Town: WARWICK

State: RI Zip: 02888 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

TO PROMOTE AND ADVANCE THE GAME OF SOCCER ON THE YOUTH LEVEL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	MICHAEL ASHWORTH	1045 WARWICK AVENUE WARWICK, RI 02887-7656 USA
PRESIDENT	JAMES KELLY	44 BORDER DRIVE WAKEFIELD, RI 02879- USA
DIRECTOR	CATHY SCHNEIDENBACH	170 MONTAUK ROAD

		CHARLESTOWN, RI 02814
DIRECTOR	JAMES KELLY	44 BORDER DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL ASHWORTH	1045 WARWICK AVENUE WARWICK, RI 02887-7656 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**

MICHAEL ASHWORTH 1045 WARWICK AVENUE, SUITE 203 WARWICK , RI 02887

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

Signed this 21 Day of June, 2016 at 3:04:17 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 MIKE ASHWORTH
Signature of Authorized Person

Form No. 631
Revised 09/07

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