



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. 000027801

2. Name of Corporation NORTH KINGSTOWN SOCCER ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 96

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 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 INSTRUCT CHILDREN IN THE NORTH KINGSTOWN AREA IN THE RULES, SKILLS, & STRATEGY OF SOCCER.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	TOM TAYLOR	164 DELANO DRIVE NORTH KINGSTOWN, RI 02852 USA
TREASURER	JAMES OHALLORAN	166 MAIN STREET NORTH KINGSTOWN, RI 02852 USA

SECRETARY	LAUREN TAYLOR	164 DELANO DRIVE NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	KEITH BORGE	284 BEACON DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PETER VARGAS	207 BEACON DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CHRIS WHITNEY	43 CRANSTON CIRCLE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SCOTT BESSETTE	12 CARA COURT NORTH KINGSTOWN, RI 02852 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**

TOM TAYLOR 164 DELANO DRIVE NORTH KINGSTOWN , RI 02852

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

Signed this 22 Day of June, 2016 at 9:23:34 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 THOMAS TAYOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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