RI SOS Filing Number: 201612011060 Date: 11/14/2016 1:12 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation
84383	The Capital Youth Soccer Association of Providence
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To provide youth soccer programs for the city of Providence and surrounding

5. Principal Office Address	City	State	Zip
267 Warrington Street	Providence	RI	02907

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

President Name Sydavong Kue			Vice-President Name Ryan Cafferty		
Street Address 267 Warrington Street			Street Address 14 Cortland Lane		
City Providence	State RI	Zip 02907	City Greenville	State RI	Zip 02828
Secretary Name Francisco Balcarcel			Treasurer Name Robert Wise		
Street Address 55 Country Hill Road			Street Address 61 Modena Avenue		
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02908

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

Director Name Grace Gonzalez			Director Name Peter Walsh		
Street Address 15 Crecent Street			Street Address 303 River Avenue #3		
City Providence	State RI	Zip 02907	City Providence A	State RI	Zip 02908
Director Name Jorge Cardenas			Director Name		
Street Address 1076 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip

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

Under penalty of perjury, I declare and affirm 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 Officer/Authorized Representative	Date
Sydavong Kue	10/14/16
Signature of Officer/Authorized Representative	

FILED

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BY 12864752
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016