STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
110662	**W.Y.S.A.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To operate a Soccer Association for the benefit of the Woonsocket area children of the State of Rhode Island**

5. Principal office address	City	State	Zip
250 Eddie Dowling Hwy.	**No. Smithfield**	**RI**	**02895**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
RICHARD G AUGER			MARC BADEAU		
Street Address: 85 PROSPECT ST.			Street Address: 127 ATLANTA AVE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: MARC TOUPIN			Treasurer Name: RICHARD G AUGER		
Street Address: 49 JENKS ST			Street Address: 85 PROSPECT ST.		
City: WOONSOCKET	State: RI.	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
RICHARD G AUGER			PAUL MARTIN		
Street Address: 85 PROSPECT ST			Street Address: 145 BENNETT ST.		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Director Name: MARC TOUPIN			Director Name:		
Street Address: 49 JENKS ST			Street Address:		
City: WOONSOCKET	State: RI.	Zip: 02895	City:	State:	Zip:

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 13 2016
By 2611
KM

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.

Richard G Auger 12-10-16
Signature of Officer or Authorized Representative Date

RICHARD G AUGER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014