



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>0000 75218</u>		2. Exact name of the Corporation <u>The Big New England Football Clinic, Inc</u>			
3. Principal Office Address <u>23 Sycamore Drive</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>Yearly Football Clinic Youth-Pro Instruction Development Networking</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Keith Kenyon</u>			Vice-President Name		
Street Address <u>19 Coastal Lane</u>			Street Address		
City <u>Hyannis</u>	State <u>MA</u>	Zip <u>02601</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Terrance Lynch</u>			Director Name		
Street Address <u>108 Tackwotten Cove Rd.</u>			Street Address		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>500.00</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative <u>Judy M. Kenyon</u>				Date <u>2/10/17</u>	
Signature of Authorized Representative <u>Judy M. Kenyon</u>					

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

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