



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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.

| | | | | | |
|--|-----------------|--|--|--------------------------|--|
| 1. Entity ID Number 28617 | | 2. Exact name of the Corporation Providence Junior Steamrollers Youth Football Association | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Instruction and Training in Basic and Fundamentals of Football | | | |
| 5. Principal Office Address 176 Hazel St. | | | City Lincoln | State RI | Zip 02875 |
| 6. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Russ McDonald | | | Vice-President Name Rob Gribbin | | |
| Street Address 6A Canonchet Ave | | | Street Address 176 Hazel St. | | |
| City Mashpee | State MA | Zip 02649 | City Lincoln | State RI | Zip 02875 |
| Secretary Name Susan McDonald | | | Treasurer Name Julie Gribbin | | |
| Street Address 6A Canonchet Ave | | | Street Address 176 Hazel St. | | |
| City Mashpee | State MA | Zip 02649 | City Lincoln | State RI | Zip 02875 |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Russ McDonald | | | Director Name Patrick Gribbin | | |
| Street Address 6A Canonchet Ave | | | Street Address 176 Hazel St. | | |
| City Mashpee | State Ma | Zip 02649 | City Lincoln | State RI | Zip 02875 |
| Director Name Matt Hannigan | | | Director Name Mark Hannigan | | |
| Street Address 6A Canonchet Ave | | | Street Address 6A Canonchet | | |
| City Mashpee | State Ma | Zip 02649 | City Mashpee | State Ma | Zip 02649 |
| 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 Russell J. McDonald - President-Director-Coach | | | | Date 5/15/2017 | |
| Signature of Officer/Authorized Representative <i>Russell J. McDonald - President</i> SIGN DOCUMENT HERE <i>5/15/2017</i> | | | | | |

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

FILED

MAY 18 2017

BY

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FORM 631 - Revised: 02/2017