



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 30260		2. Exact name of the Corporation Rhode Island High School Football Coaches' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Promote high School Football in Rhode Island, to help young Athletes attain a better understanding of how to play through Competitive Athletic Competition To help young men academically, emotionally, and Physically			
4. NAICS Code 61110					
6. Principal Office Address 192 Mohawk Trail		City Cranston	State RI	Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric Anderson			Vice-President Name Keith Goff		
Street Address 110 Potter Road			Street Address 21 Holley Hill Road		
City North Kingstown	State RI	Zip 02882	City Cranston	State RI	Zip 02921
Secretary Name Thomas Milewski			Treasurer Name Thomas Milewski		
Street Address 192 Mohawk Trail			Street Address 192 Mohawk Trail		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. 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 Ryan Moniz			Director Name Dino Campopiano		
Street Address 11 Bay Street			Street Address 16 Audubon Street		
City Jamestown	State RI	Zip 02835	City Johnston	State RI	Zip 02899
Director Name Mark Reed			Director Name Geoff Marcone		
Street Address 2 Clover Drive			Street Address 25 Cardinal Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Thomas Milewski					Date 6/6/17
Signature of Officer/Authorized Representative 					

FILED

JUN 12 2017

BY 1243 QS

MAIL TO:
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 Website: www.sos.ri.gov