



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 797520		2. Exact name of the Corporation North Kingstown Flag Football League, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To manage a youth football league in North Kingstown, Rhode Island.			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address P.O. Box 1152		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Berthelot		Vice-President Name			
Street Address 57 Big Oak Dr.		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kevin Edge		Treasurer Name Kevin Edge			
Street Address 43 Midnight Court		Street Address 43 Midnight Court			
City Saunderstown	State RI	Zip 02852	City Saunderstown	State RI	Zip 02852
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 Richard Berthelot		Director Name Kevin Edge			
Street Address 57 Big Oak Dr.		Street Address 43 Midnight Court			
City North Kingstown	State RI	Zip 02852	City Saunderstown	State RI	Zip 02852
Director Name Kristen Martin		Director Name			
Street Address 40 Lindsay Lane		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
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 Richard Berthelot, President				Date 6-12-07	
Signature of Officer/Authorized Representative <i>Richard Berthelot</i>					

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

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