



**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** 2017

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. <b>485204</b>		2. Exact name of the Corporation <b>RISOA, Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Association of Soccer Officials to officiate various soccer contests including but not limited to boys high school soccer at the RI Interscholastic League and private schools.</b>	
5. Principal office address <b>225 Broadway</b>		City <b>Providence</b>	State <b>RI</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Frank S. Lombardi</b>		Vice-President Name <b>Tim Whitecross</b>	
Street Address <b>25 Briarbrooke Lane</b>		Street Address <b>11 New Road</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Chepachet</b>	State <b>RI</b>
Secretary Name <b>Brian Samson</b>		Treasurer Name <b>Frank Tedino</b>	
Street Address <b>25 Corey Avenue</b>		Street Address <b>11 Cross Road</b>	
City <b>East Greenwich</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02919</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Frank S. Lombardi</b>		Director Name <b>Frank Tedino</b>	
Street Address <b>25 Briarbrooke Lane</b>		Street Address <b>11 Cross Road</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02919</b>	
Director Name <b>Brian Samson</b>		Director Name	
Street Address <b>25 Corey Ave</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02921</b>		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**

**JUN 27 2017**

Form No. 631  
Revised: 04/2014

BY 24150

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.

Signature of Officer or Authorized Representative

Date

**Frank S. Lombardi**

Print or Type Name of Officer or Authorized Representative

7-23-17