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.

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1. Entity ID Number	2. Exact name of the Corporation					
75411	Washington County Youth Football, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Organize and administer a youth football organization					
4. NAICS Code						
813319 - Other Social Advocac						
Principal Office Address			City	State	Zip	
1041 Ten Rod Road, Suite B			North Kingstown	RI	02852	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Anthony E. Piccirilli			Vice-President Name John Perry			
Street Address 10 Sweet Fern Trail			Street Address 151 Conanicus Road			
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	<sup>Zip</sup> 02882	
Secretary Name Kristin Duquette			Treasurer Name Stan Knox			
Street Address 17 Shadbush Trail			Street Address 21 Highland Avenue			
<sup>City</sup> Saunderstown	State RI	<sup>Zip</sup> 02874	City Narragansett	State RI	<sup>Zip</sup> 02882	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Christopher Nelson			Director Name Joseph lannelli			
Street Address 50 Earles Court			Street Address 9 Sweet Fern Trail			
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Saunderstown	State RI	<sup>Zip</sup> 02874	
Director Name Richard Foster			Director Name Tim McDavitt			
Street Address PO Box 98			Street Address 47 Sandy Bottom Court			
City Carolina	State RI	Zip 02812	City Wakefield	State RI	<sup>Zip</sup> 02879	
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.						
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				Date 1 /2 ~	, 2017	
Signature of Officer/Authorized Representative						
Comery Comment						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 3 0 2017

FORM 631 - Revised: 06/2017

Attachment to 2017 Annual Report of

Washington County Youth Football, Inc.

Corporate ID No.: 75411

## 7. Additional Directors:

Ethan Klensch 95 Spencer Court Wakefield, RI 02879

Donna Coulter 166 Washington Street Wakefield, RI 02879