



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

AUG 31 2017

BY *QSC* 12:33pm
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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 AUG 31 PM 2:28

1. Entity ID Number 000146663		2. Exact name of the Corporation Rhode Island State Referee Committee	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Oversee, educate, train and certify referees, assignors, instructors and assessors for US Soccer Federation	
4. NAICS Code			
6. Principal Office Address 1150 New London Ave Suite LL2		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven Mauricio		Vice-President Name Brian Sperlongano	
Street Address 596 Daggett Ave		Street Address 22 Woodland Drive	
City Pawtucket	State RI	City North Kingstown	State RI
	Zip 02861		Zip 02852
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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 Steven Votolato		Director Name Jack Breetveld	
Street Address 23 Willow Rd		Street Address 127 Ninth St	
City Smithfield	State RI	City Providence	State RI
	Zip 02828		Zip 02906
Director Name David Borts		Director Name Al Ricci	
Street Address 100 Lafayette Ave		Street Address 68 Trinity St	
City Pawtucket	State RI	City Warwick	State RI
	Zip 02860		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 Steven Mauricio			Date June 2, 2017
Signature of Officer/Authorized Representative <i>Steven Mauricio</i>			