



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. 110662		2. Exact name of the Corporation W.Y.S.A.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To operate a Soccer Association for the benefit of the Woonsocket area children of the State of Rhode Island (813319)	
5. Principal office address 250 Eddle Dowling Hwy.		City No. Smithfield	State RI
		Zip 02895	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name RICHARD G AUGER		Vice-President Name MARC BADEAU	
Street Address 85 PROSPECT ST.		Street Address 127 ATLANTA AVE	
City WOONSOCKET	State RI	City WOONSOCKET	State RI
Zip 02895		Zip 02895	
Secretary Name MARC TOUPIN		Treasurer Name RICHARD G AUGER	
Street Address 49 JENKS ST.		Street Address 85 PROSPECT ST.	
City WOONSOCKET	State RI	City WOONSOCKET	State RI
Zip 02895		Zip 02895	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name RICHARD G AUGER		Director Name PAUL MARTIN	
Street Address 85 PROSPECT ST.		Street Address 145 BENNETT ST.	
City WOONSOCKET	State RI	City WOONSOCKET	State RI
Zip 02895		Zip 02895	
Director Name MARC TOUPIN		Director Name	
Street Address 49 JENKS ST		Street Address	
City WOONSOCKET	State RI	City	State
Zip 02895		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

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.

SEP 05 2017

891081

Signature of Officer or Authorized Representative

Date

RICHARD G AUGER

Print or Type Name of Officer or Authorized Representative