



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

Annual Report for the year: 2018

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 27475		2. Exact name of the Corporation NEW ENGLAND SOCCER HALL OF FAME	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO HONOR INDIVIDUALS WHO PROMOTE THE GAME OF SOCCER.	
4. NAICS Code 313410			
6. Principal Office Address 234 MERCER STREET		City EAST PROVIDENCE	State RI Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LEIN MERCURIO		Vice-President Name JOSEPH J. SOUSA	
Street Address 6 NEEDHAM STREET		Street Address 95 GREENWICH AVENUE	
City JOHNSTON	State RI	City EAST PROVIDENCE	State RI
Zip 02919		Zip 02914	
Secretary Name PAT VOTOLATO		Treasurer Name LILLIAN N. SOUSA	
Street Address 23 WILLOW ROAD		Street Address 234 MERCER STREET	
City GREENVILLE	State RI	City EAST PROVIDENCE	State RI
Zip 02828		Zip 02914	
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 JOSEPH B SOUSA		Director Name ITALO BROCCOLI	
Street Address 234 MERCER STREET		Street Address 785 CHARLES STREET	
City EAST PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02914		Zip 02914	
Director Name MANUEL LEMOS		Director Name	
Street Address 66 HILLTOP ROAD		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		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 LILLIAN N. SOUSA			Date 6-4-2018
Signature of Officer/Authorized Representative <i>Lillian N. Sousa</i>			SIGN DOCUMENT TREASURER