



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

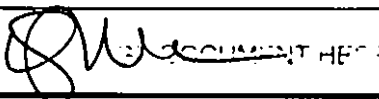
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 07 2018

BY

1325.

1. Entity ID Number 185778		2. Exact name of the Corporation Cumberland Youth Flag Football League			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To introduce football to children in a fun, non competitive environment			
4. NAICS Code 624110 - Child and Youth Service					
6. Principal Office Address 5 Lantern Ln			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Leonard			Vice-President Name Eric Goodrich		
Street Address 5 Lantern Ln			Street Address 15 Rawson Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Thomas Duggan			Treasurer Name Karen Watson		
Street Address 4 Hannah Dr			Street Address 21 Rustic Ln		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 John Leonard			Director Name Eric Goodrich		
Street Address 5 Lantern Ln			Street Address 15 Rawson Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Thomas Duggan			Director Name Karen Watson		
Street Address 4 Hannah Dr			Street Address 21 Rustic Ln		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Karen Watson				Date June 4, 2018	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov