



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2018

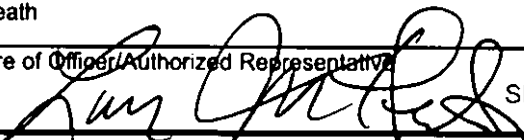
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

2018 SEP 11 AM 10:21

1. Entity ID Number 36342		2. Exact name of the Corporation Rhode Island Association of Pre Teen Football, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Youth Football & Cheerleading			
4. NAICS Code 713390					
6. Principal Office Address PO BOX 6680		City Providence		State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Nelson Pedro			Vice-President Name Mike Gauvin		
Street Address 77 Hope Ave			Street Address 100 Factory Street		
City Hope	State RI	Zip 02813	City W Warwick	State RI	Zip 02893
Secretary Name Lorraine Nicolay			Treasurer Name Lucy Heath		
Street Address PO Box 309			Street Address 8 Fairside Drive		
City Harrisville	State RI	Zip 02830	City Carolina	State RI	Zip 02812
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Ariel Marmolejos			Director Name		
Street Address 118 Waverly St			Street Address		
City Providence	State RI	Zip 02807	City	State	Zip
Director Name Bill Hogan			Director Name Tom Wotherspoon		
Street Address PO Box 7457			Street Address Po Box 224		
City Cumberland	State RI	Zip 02864	City Wyoming	State RI	Zip 02898
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 Lucy Heath				Date 09/11/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	
FILED ✓					

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

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BY CA 46JZC FORM 631 - Revised: 11/2017