



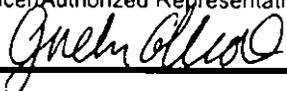
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 27 AM 11:57

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 001663967		2. Exact name of the Corporation Rams FC Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island youth soccer club			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address 36 Webster Avenue			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gareth Elliott			Vice-President Name		
Street Address 147 Hidden Lake Drive			Street Address		
City North Kingstown	State RI	Zip 02874	City	State	Zip
Secretary Name			Treasurer Name David McCollum		
Street Address			Street Address 36 Webster Avenue		
City	State	Zip	City Narragansett	State RI	Zip 02882
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 Gareth Elliott			Director Name Scott Rollins		
Street Address 147 Hidden Lake Drive			Street Address 55 S Glen Court		
City North Kingstown	State RI	Zip 02874	City Wakefield	State RI	Zip 02888
Director Name David McCollum			Director Name Kyle Frberg		
Street Address 36 Webster Avenue			Street Address 2 Great Ledge Court		
City Narragansett	State RI	Zip 02882	City Jamestown	State RI	Zip 02835
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 Gareth Elliott				Date 1/3/19	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

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

FILED

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BY CFQBW3 FORM 631 - Revised: 11/2017