



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

FILED

FEB 28 2019 *al*

BY 162

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 001358697		2. Exact name of the Corporation R I Football University			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote support and encourage amateur football programs			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 543 Thames Street		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Christopher C Bicho		Vice-President Name Rhondie Almedia			
Street Address 543 Thames Street		Street Address 85 Ninth Street			
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02906
Secretary Name		Treasurer Name Christopher C Bicho			
Street Address		Street Address 543 Thames Street			
City	State	Zip	City Newport	State RI	Zip 02906
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 Christopher C Bicho		Director Name Rhondie Almedia			
Street Address 543 Thames Street		Street Address 85 Ninth Street			
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02906
Director Name Leighton Ogaldaz		Director Name			
Street Address 118 Waverly Street		Street Address			
City Providence	State RI	Zip 02907	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Christopher C Bicho				Date 2/26/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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