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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 06 2019

BY 621

Annual Report for the year: 2019

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	2. Exact name of the Corporation
27475	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: 711310	

6. Principal Office Address	City	State	Zip
234 Mercer Street	East Providence	RI	02914

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph J. Sousa			Vice-President Name: Italo Broccoli		
Street Address: 90 Greenwich Avenue			Street Address: 785 Charles Street		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02904
Secretary Name: Pat Votolato			Treasurer Name: Lillian N. Sousa		
Street Address: 23 Willow Road			Street Address: 234 Mercer Street		
City: Greenville	State: RI	Zip: 02828	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Joseph B. Sousa			Director Name: Manuel Lemos		
Street Address: 234 Mercer Street			Street Address: 66 Hilltop Road		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Director Name: Joe Garcia			Director Name:		
Street Address: 84 Grassmere Avenue			Street Address:		
City: East Providence	State: RI	Zip: 02914	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.

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	Date
LILLIAN N. SOUSA	6-1-19

Signature of Officer/Authorized Representative: Lillian N. Sousa - TREASURER

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

FORM 631 - Revised: 03/2019