

Department of State - Business Services Division

FILED

JUN 06 2019

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.

BY 621

1. Entity ID Number 27475		2. Exact name of the Corporation 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 234 Mercer Street			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 LILLIAN N. SOUSA				Date 6-1-19	
Signature of Officer/Authorized Representative <i>Lillian N. Sousa</i> - 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