



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

FILED

JUN 14 2019 *SV*

RY 1206

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 30260		2. Exact name of the Corporation Rhode Island High School Football Coaches' Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island. To Promote high school football in Rhode Island to help young athletes attain a better understanding of fair play through competitive athletic competition to help young men academically, emotionally, socially	
4. NAICS Code 61110			
6. Principal Office Address 192 Mohawk Trail		City Cranston	State R.I.
		Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Keith Croft		Vice-President Name Josh Lima	
Street Address 21 Holly Hill Road		Street Address 66 Park View Ave	
City Cranston	State RI	City Warwick	State RI
	Zip 02921		Zip 02888
Secretary Name Thomas Milewski		Treasurer Name Thomas Milewski	
Street Address 192 Mohawk Trail		Street Address 192 Mohawk Trail	
City Cranston	State RI	City Cranston	State RI
	Zip 02921		Zip 02921
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 Geoff Marcone		Director Name John George	
Street Address 25 Cardinal Street		Street Address 111 Seabreeze Drive	
City Warwick	State RI	City North Kingstown	State RI
	Zip 02886		Zip 02852
Director Name Dino Campopiano		Director Name Eric Anderson	
Street Address 16 Audubon Street		Street Address 110 Potter Road	
City Johnston	State RI	City North Kingstown	State RI
	Zip 02919		Zip 02852
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 Thomas Milewski			Date 6/11/19
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			

MAIL TO:
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 Website: www.sos.ri.gov