



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

**FILED**

Annual Report for the year:  
Non-Profit Corporation

2019

JUN 14 2019

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→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1286

|  |                      |   |                        |
|--|----------------------|---|------------------------|
| 1. Entity ID Number<br><b>30260</b>  |                      | 2. Exact name of the Corporation<br><b>Rhode Island High School Football Coaches' Association</b>   |                        |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                      | 5. Brief description of the character of business conducted in Rhode Island.<br><b>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</b> |                        |
| 4. NAICS Code<br><b>611110</b>   |                      |   |                        |
| 6. Principal Office Address<br><b>192 Mohawk Trail</b>   |                      | City<br><b>Cranston</b>   | State<br><b>R.I.</b>   |
|  |                      | Zip<br><b>02921</b>   |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                      |   |                        |
| President Name <b>Keith Croft</b>  |                      | Vice-President Name <b>Josh Lima</b>  |                        |
| Street Address<br><b>21 Holly Hill Road</b>  |                      | Street Address<br><b>66 Park View Ave</b>   |                        |
| City<br><b>Cranston</b>  | State<br><b>RI</b>   | City<br><b>Warwick</b>  | State<br><b>RI</b>     |
| Zip<br><b>02921</b>  |                      | Zip<br><b>02886</b>   |                        |
| Secretary Name<br><b>Thomas Milewski</b>   |                      | Treasurer Name<br><b>Thomas Milewski</b>  |                        |
| Street Address<br><b>192 Mohawk Trail</b>  |                      | Street Address<br><b>192 Mohawk Trail</b>   |                        |
| City<br><b>Cranston</b>  | State<br><b>R.I.</b> | City<br><b>Cranston</b>   | State<br><b>RI</b>     |
| Zip<br><b>02921</b>  |                      | Zip<br><b>02921</b>   |                        |
| 8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                      |   |                        |
| Director Name<br><b>Geoff Marcone</b>  |                      | Director Name<br><b>John George</b>   |                        |
| Street Address<br><b>25 Cardinal Street</b>  |                      | Street Address<br><b>111 Seabreeze Drive</b>  |                        |
| City<br><b>Warwick</b>   | State<br><b>RI</b>   | City<br><b>North Kingstown</b>  | State<br><b>RI</b>     |
| Zip<br><b>02886</b>  |                      | Zip<br><b>02852</b>   |                        |
| Director Name<br><b>Dino Campopiano</b>  |                      | Director Name<br><b>Eric Anderson</b>   |                        |
| Street Address<br><b>16 Audubon Street</b>   |                      | Street Address<br><b>110 Potter Road</b>  |                        |
| City<br><b>Johnston</b>  | State<br><b>RI</b>   | City<br><b>North Kingstown</b>  | State<br><b>RI</b>     |
| Zip<br><b>02919</b>  |                      | Zip<br><b>02852</b>   |                        |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641   |                      |   |                        |
| <b>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.</b>      |                      |   |                        |
| 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<br><b>Thomas Milewski</b>  |                      |   | Date<br><b>6/11/19</b> |
| Signature of Officer/Authorized Representative<br><i>[Signature]</i>   |                      |   |                        |

MAIL TO:  
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FORM 631 - Revised: 03/2019