



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2017**

Non-Profit Corporation

2019 JUN 21 AM 11:27

- 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 143808		2. Exact name of the Corporation Tri Town Titans Football and Cheerleading League inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Not for profit youth Football and Cheerleading organization.			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address PO Box 177		City North Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nelson Pedro		Vice-President Name Steven plouffe			
Street Address 77 Hope ave		Street Address 3A Boss rd			
City Scituate	State RI	Zip 02831	City Foster	State RI	Zip 02825
Secretary Name Alicia Plouffe		Treasurer Name Dave Tirrell			
Street Address 3A Boss rd		Street Address 101 East Killingly Rd			
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02852
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 Nelson Pedro		Director Name Steven Plouffe			
Street Address 77 Hope Ave		Street Address 3A Boss Rd			
City Scituate	State RI	Zip 02831	City Foster	State RI	Zip 02825
Director Name Alicia plouffe		Director Name Dave Tirrell			
Street Address 3A Boss rd		Street Address 101 East Killingly rd			
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
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 Steven Plouffe				Date 06/21/2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

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