

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2815 AUG 19 AM 11: 01

Annual Report for the year: **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 Event (II o			
1. Entity ID Number 2. Exact name of the Corporation WOONSOCKET REDSHINS YOUTH FOOTBY!			
3. State of Incompration 5. Brief description of the character	e of business conducted in Dhada Ia	1	
RI Haching Foo	Heaching Football and cheerleading in		
4 NAICS Code	I wans riket, Rt		
711310			
6. Principal Office Address 572 905 Kill 5+	City	State	Zip
572 gaski118+	Blackstone	MA	01504
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name Jeremy Green	Vice-President Name Debbie	- Cham	
Street Address 572 995Kill S+	Street Address 185 Church St		
city blacks tone state A Zipo1504	City Wansocket	State +	ZipPT
Secretary Name Melinda Charbonneau	Treasurer Name		
Street Address 572 9as Kill St	Street Address		
city blackstore state A Zip 01504	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name Knistyn alger	Director Name Joe Herrera		
Street Address 7 Dorr Drive	Street Address (295 Cumber	land &	DHII Rd
City N. Smithfield Stale F 02095	E Donsocket	State	Zip 395
Director Name Byron Melton	Director Name		
Street Address 182 LOGOL ST	Street Address		
wounsalot State 7 07895	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 ,	
EREMY GIREEN		18/19/1	9
Signature of Officer pluty orized Representative			
Soventhea			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631 - Revised: 03/2019