



RI SOS Filing Number: 201927131280 Date: 11/6/2019 11:49:00 AM
 State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS. SVCS DIV
 2019 NOV -6 AM 11:49

1. Entity ID Number 30066		2. Exact name of the Corporation Westerly Pee Wee Football TEAM.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Teaching children fundamentals of football/cheerleading			
4. NAICS Code 611620					
6. Principal Office Address 5 Chestnut Street A107			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Vacca			Vice-President Name Charles Vacca		
Street Address 519 Grafton Street			Street Address 113 East Ave		
City Shrewsbury	State MA	Zip 01545	City Westerly	State RI	Zip 02891
Secretary Name Crystal Albamonti			Treasurer Name Barbara Rofrano		
Street Address 1 Sacco Drive			Street Address 5 Chestnut Street A2107		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Vacca			Director Name Charles Vacca		
Street Address 519 Grafton St			Street Address 113 East Ave		
City Shrewsbury	State MA	Zip 01545	City Westerly	State RI	Zip 02891
Director Name Michael Garafola			Director Name Brian Bergel		
Street Address 96 Woody Hill Rd.			Street Address 5 Bellevue Ave		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Barbara Rofrano				Date 11/1/19	
Signature of Officer/Authorized Representative <i>Barbara Rofrano</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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