



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

Annual Report for the year: **2016**

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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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 ☐				
President Name Joseph Vacca		Vice-President Name Charles Vacca		
Street Address 113 East Avenue		Street Address 113 East Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI
Secretary Name Crystal Albamonti		Treasurer Name Barbara Rofrano		
Street Address 1 Sacco Drive		Street Address 5 Chestnut Street A107		
City Westerly	State RI	Zip 02891	City Westerly	State RI
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name Joseph Vacca		Director Name Charles Vacca		
Street Address 113 East Avenue		Street Address 113 East Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI
Director Name Maurice Guarnieri		Director Name Brian Bergel		
Street Address 13 Branberry Drive		Street Address 5 Bellevue Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI
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 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 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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