



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 485204		2. Exact name of the Corporation RISOA, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association of Soccer Officials to officiate various soccer contests including but not limited to boys high school soccer at the RI Interscholastic League and private schools.	
5. Principal office address 370 Atwood Avenue		City Cranston	State RI
		Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Frank S. Lombardi		Vice-President Name Tim Whitecross	
Street Address 25 Briarbrooke Lane		Street Address 11 New Road	
City Cranston	State RI	City Chepachet	State RI
Zip 02921		Zip 02814	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Frank S. Lombardi		Director Name Tim Whitecross	
Street Address 25 Briarbrooke Lane		Street Address 11 New Road	
City Cranston	State RI	City Chepachet	State RI
Zip 02921		Zip 02814	
Director Name Brian Samson		Director Name	
Street Address 25 Corey Ave		Street Address	
City East Greenwich	State RI	City	State
Zip 02921		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
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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.

Signature of Officer or Authorized Representative _____ Date _____

Frank S. Lombardi

Print or Type Name of Officer or Authorized Representative