



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000072191

**2. Name of Corporation** CHARIHO YOUTH SOCCER ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
713990

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 1207  
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE, FOSTER, AND MINISTER, AND PERPETUATE THE GAME OF SOCCER FOR BOYS AND GIRLS UNDER THE AGE OF 19 YEARS OLD IN CHARLESTOWN, RICHMOND, AND HOPKINTON.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LERAY ERICK RINNE	20 SUSAN DRIVE RICHMOND, RI 02812 USA
TREASURER	SHERRI JACKSON	5 CHERRY LANE HOPE VALLEY, RI 02832 USA
SECRETARY	DANIEL ORCIARI	6 ANNA DRIVE HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	MATTHEW DENECOUR	PO BOX 1207 HOPE VALLEY, RI US
DIRECTOR	KAREN GLENWRIGHT	50 RIVERVIEW DRIVE CHARLESTOWN, RI 02813 USA
DIRECTOR	HEATHER KNOWLES	340 KINGSTOWN RD RICHMOND, RI 02892 USA
DIRECTOR	DAVID PRESCOTT	91 LAUREL RD CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARK T. REYNOLDS 18 BRACKEN HILL COURT CAROLINA , RI 02812

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

**Signed this 26 Day of December, 2019 at 11:59:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By DAVID PRESCOTT  
Signature of Authorized Person

Form No. 631  
Revised 09/07