

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

129962

7-5-05

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FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPOR	RATION ANNUAL	REPORT FOR	THE YEAR	2005
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Street Address 969 W. MAIN Rd.			
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Treasyner Name HEATHER GOUGH			
10 WILSON ROAD			
02842			
CHMENTS E <u>e</u> (3). R.I.G.L. 7-6-2.			
DONNA ENNIS			
54 JAMES FRANCIS TERRACE			
²¹⁰ 02842			
Director Name JOHN PINTO			
Sircer Address G97 AQUIDNECK AVENUE			
02842			
′ 7-6-78			
 ,			
7ip 02842-			
Receiver of Trustee			

Signature of Officer

PRESIDENT

Title of Officer

report, including any accompanying schedules and statements, and that all



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-304C

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 129962 Middletown Youth Football & Cheerleading 3 State of Incorporation 4. Corporate address in Rhode Island - Street Address **RHODE ISLAND** 5 Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Khode Island PROVIDING A YOUTH ATHLETIC FOOTBALL AND CHEER PROGRAM WITH BASIS ON SCHOLASTICS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Addre 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23 KANC15 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-76 Agent Name Address TINA VARS Address City Z.ip 17 KING ROAD **MIDDLETOWN** 02842-This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. File Date Signature of Officer Date Check No.

ID 129962

ATTACHMENT TO 2004 ANNUAL REPORT

MIDDLETOWN YOUTH FOOTBALL CHEERLEADING

DIRECTOR NAME	ADDRESS	CITY	STATE	ZIP
GRAHAM SELLAR	25 MURPHY CIRCLE	MIDDLETOWN	RI	02842
JOHN GUADAGNI	51 AMESBURY CIRCLE	MIDDLETOWN	RI	02842
MARY ELLEN MENDONCA	69 WEST MAIN ROAD	MIDDLETOWN	RI	028 <u>42</u>
CHRIS DIBLE	86 ISLAND DRIVE	MIDDLETOWN	RI	02842