



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

Annual Report for the year: **2020**

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.

FILED
JUN 18 2020
BY 803195

1. Entity ID Number 000026490		2. Exact name of the Corporation East Greenwich Soccer Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island operation of youth soccer leagues and travel teams in East Greenwich, RI			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address PO Box 383			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Angelique Stiglic			Vice-President Name Carla Molina		
Street Address 40 Falcon Circle			Street Address 56 1/2 Spring Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Mike Dacey			Treasurer Name Alan Burke		
Street Address 15 Partridge Run			Street Address 160 Tamarack Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Dave Pitney			Director Name Greg Kaufmann		
Street Address 125 Hamilton Road			Street Address 30 Boulder Way		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Ken Walsh			Director Name		
Street Address 115 Bailey Blvd			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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 Alan Burke				Date 6/15/20	
Signature of Officer/Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					