



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**DEC 28 2020**

BY \_\_\_\_\_

*3461 JS*

**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.

1. Entity ID Number 71712		2. Exact name of the Corporation MIDDLETOWN YOUTH SOCCER CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDING YOUTH SOCCER LEAGUES, TEAMS, TRAINING AND INSTRUCTION FOR THE YOUTH OF AQUIDNECK ISLAND.			
4. NAICS Code <i>713990</i>					
6. Principal Office Address 4 BALDWIN ROAD		City MIDDLETOWN	State RI	Zip 02842	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LEONARD W. WILDEMANN			Vice-President Name JAMES REARDON		
Street Address 4 BALDWIN ROAD			Street Address 8 DONALD DRIVR		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name RENEE MCCLENNAN			Treasurer Name MELISSA GREEN		
Street Address 174 ALLSTON AVE.			Street Address 143 RIDGEWOOD ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JERRY BORGES			Director Name CHRIS BACON		
Street Address 4 WOLCOTT AVE			Street Address 227 WEST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name JOHN BYRNE			Director Name RONALD OARD		
Street Address 811 MITCHELL'S LANE			Street Address 121 LIGHTHOUSE VIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 LEONARD W. WILDEMANN				Date 22 DECEMBER 2020	
Signature of Officer/Authorized Representative <i>Leonard W. Wildemann</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