



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 20 AM 11:21

- 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 000027773		2. Exact name of the Corporation Bristol Youth Soccer Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Soccer Club and Education Youth and Coaches in Soccer.	
4. NAICS Code 624110			
6. Principal Office Address PO Box 477		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dennis Matos		Vice-President Name Kevin Botelho	
Street Address PO Box 477		Street Address PO Box 477	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Rich Chace		Treasurer Name Christopher M Jackson	
Street Address PO Box 477		Street Address PO Box 477	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
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 Mark Biancuzzo		Director Name Alex Couto	
Street Address PO Box 477		Street Address PO Box 477	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name Jonathan Delencos		Director Name	
Street Address PO Box 477		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Nelson J. Fox, Treasurer		Date 5/20/2021	
Signature of Officer/Authorized Representative <i>Nelson J. Fox</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

FILED
 MAY 20 2021
 BY *MD58W*
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 FORM 631 - Revised: 08/2020