



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

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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	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Rick Chace		Treasurer Name Christopher M Jackson			
Street Address PO Box 477		Street Address PO Box 477			
City Bristol	State RI	Zip 02809	City Bristol	State RI	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	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Jonathan Deleemos		Director Name			
Street Address PO Box 477		Street Address			
City Bristol	State RI	Zip 02809	City	State	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.					
<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 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

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 FORM 631 - Revised: 08/2020