



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

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

2021 JUN 10 P 3 15

1. Entity ID Number 001358697		2. Exact name of the Corporation R.I. Football University	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Promote, Support, and Encourage AMATEUR Football Program. IN the STATE of RI	
4. NAICS Code 813990			
6. Principal Office Address 85 Ninth ST		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sandra M. LINCOLN		Vice-President Name Lauren LYNCH	
Street Address P.O. Box 40037		Street Address 478 Victory Highway	
City Providence	State RI	City CHERBACHET	State RI
Zip 02940		Zip 02814	
Secretary Name Bryan Almeida		Treasurer Name Rondie Almeida	
Street Address 73 Cypress ST		Street Address 85 Ninth ST	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Mike Gauvin		Director Name Rondie Almeida	
Street Address 60 Barnold ST		Street Address 85 Ninth ST	
City West Warwick	State RI	City Providence	State RI
Zip 02888		Zip 02906	
Director Name Sandra Lincoln		Director Name Xavier Caruthers	
Street Address P.O. Box 40037		Street Address 313 Admiral ST	
City Providence	State RI	City Providence	State RI
Zip 02940		Zip 02908	
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 Rondie Almeida			Date 6-10-2021
Signature of Officer/Authorized Representative <i>Rondie Almeida</i>			

FILED C

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 10 2021

BY *CA 6XVHQ*