RI SOS Filing Number: 202198993430 Date: 7/2/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

2021

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Non-Pro	ofit Cor	pora	tion	

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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Entity ID Number	2. Exact name of	of the Corporation				
110662	W.Y.S.A.					
3. State of Incorporation	5. Brief descript	ion of the characte	er of business conducted in Rhode	Island		
Rhode Island		To operate a Soccer Association for the benefit of the Woonsocket area children of the State of Rhode Island				
4. NAICS Code 6/1 (020)		ien or the o	tate of know Island			
6. Principal Office Address			City	State	Zip	
250 Eddie Dowling	250 Eddie Dowling Hwy.		No. Smithfield	RI	02896	
7. List ALL officers (names and a	ddresses)		Cr	heck the box to indica	ate an attachment	
President Name RICHARD & AUGER		Vice-President Name MARC BADEAV				
Street Address 85 PAOS PIECT ST		Street Address 127 ATLANTA AVE				
City WOON SICKET	State RI	ZIP 02895	City WOONSOCKES	State RT	Zip02895	
Secretary Name MARC 1	TouPIN Treasurer Name		Treasurer Name RICHARS	GAURE	R	
Street Address 49 JENKS ST		Street Address 85 PRISPECT ST				
City WOON SOCKET	State RI.	Zip 02895	City WOONSOCKET	State &I	Zip 02895	
8. List ALL directors (names and	addresses). RI Cor	porations MUST lis		heck the box to indica	ate an attachment	
Director Name RICHARD & AUGER		Director Name PAUL MARTIN				
Street Address 85 PROSPECT ST			Street Address 145 BENNETT			
City WOONSOCKET	State RI	Zip 02895	CityWOONSOCKE	State & I	Zip02897-	
Director Name MARC TOUPIN		Director Name				
Street Address 49 TENKS ST		Street Address				
City WOON SOCKET	State XI	Zip 02895	City	State	Zip	
9. The Registered Agent informat	ion of record with th	ne RI Department	of State is accurate. Changes requ	ire filing Form 641		
Under penalty of perjury, I decl statements, and that all statem			this report, including any accorcorcect.	npanying schedu	iles and	
This report must be signed by either the Pr	esident, Vice-President.	Secretary, Assistant Se	crotary, Treasurer, duly Authorized Represen	itative, Receiver or Trus	t eo .	
Name of Officer/Authorized Repre	esentative	chan s	I anger	Date 6-28.	-21	
Signature of Officer/Authorized Re	epresentative	RICHARD	G AVGER			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov