RI SOS Filing Number: 202199609420 Date: 7/29/2021 4:00:00 PM

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.

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BUS SVCS DIV
2021 JUL 29 A 11:50

1. Entity ID Number	2. Exact name of the Corporation
001665182	Central Falls Youth Soccer Club
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: CFYSC is affiliated with USYSA through SRI our goal is to help prepare our youth from CF and neighbor towns to be Productive Citizen teaching Soccer skills Sportsmanship, Fair play and team building
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
58 Fuller St	Pawtucket	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARCO otero	Eswin Recinos
Street Address: 58 Fuller st	Street Address: 209 Sabin St
City: Pawtucket State: RI Zip: 02861	City: Pawtucket State: RI Zip: 02860
Secretary Name	**Treasurer Name**
Victoria Soria	Lester Manzanarin
Street Address: 1126 Washington st	Street Address: 387 Pawtucket Ave
City: Central Falls State: RI Zip: 02863	City: Pawtucket State: RI Zip: 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Francisco Barcacel	Juan Benitez
Street Address: 55 Conti Hill rd	Street Address: 866 Dexter St FL2
City: Cumberland State: RI Zip: 02864	City: Central Falls State: RI Zip: 02863
Director Name: Madeline Bonilla	Director Name:
Street Address: 204 Sabin St	Street Address:
City: Pawtucket State: RI Zip: 02860	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.

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	Date
MARCO A OTERO	7-28-21

Signature of Officer/Authorized Representative

FILED
JUL 29 2021
BY 47220
11:50

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

FORM 631 - Revised: 08/2020