RI SOS Filing Number: 202100088230 Date: 8/10/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

, STARP

Annual Report for the year: Non-Profit Corporation

2021

IAUG 1 0 2021

→ Filing period: June 1 - June 30 → Filing Fee: \$20 00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

By \$ 248

Entity ID Number	2. Exact name of the Corporation					
75411	Washington County Youth Football, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Organize and administer a youth football organization.					
4. NAICS Code						
813319 - Other Social Advocacy (
6. Principal Office Address			City	State	Zip	
55 Boston Neck Road			North Kingstown	RI	02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Anthony E. Piccirilli			Vice-President Name Jay Hammond			
Street Address 10 Sweet Fern Trail			Street Address 335 Ross Hill Road			
City Saunderstown	State RI	^{Zip} 02874	City Charlestown	State RI	^{Zip} 02813	
Secretary Name Kristin Duquette			Treasurer Name Stan Knox			
Street Address 17 Shadbush Trail			Street Address 21 Highland Avenue			
^{City} Saunderstown	State RI	^{Zip} 02874	City Narragansett	State RI	^{Zip} 02882	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Bruce Price			Director Name Mike Wilson			
Street Address 34 Stone Bridge Drive			Street Address 18 Manchester Street			
City South Kingstown	State RI	^{Zip} 02879	City West Warwick	State RI	^{Zip} 02893	
Director Name Oscar Rivas			Director Name Donna Perry			
Street Address 1340 Kingstown Road			Street Address 151 Conanicus Road			
^{City} Wakefield	State Rt	^{Zip} 02879	City Narragansett	State RI	^{Zip} 02882	
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 Anthony Piccirilli Date 7/27/0.1 , 2021						
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

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

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