



State of Rhode Island
Department of State - Business Services Division

FILED

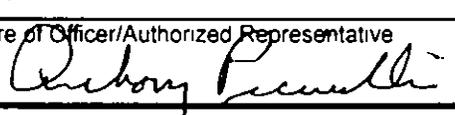
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Annual Report for the year: **2021**
Non-Profit Corporation

AUG 10 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

1. Entity ID Number 75411		2. Exact name of the Corporation Washington County Youth Football, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Organize and administer a youth football organization.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 65 Boston Neck Road			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 RI	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Anthony Piccirilli				Date 7/22/21 2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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