| r | | | |
|---|--|--|--|
| State of Rhode Island Fee: \$20.00 Office of the Secretary of State Fee: \$20.00 | | | |
| Division Of Business Services 148 W. River Street | | | |
| Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| Non-Profit Corporation | | | |
| Annual Report Filing Period: June 1 - June 30 | | | |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual | | | |
| report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of | | | |
| \$25.00. | | | |
| ANNUAL REPORT YEAR: 2021 | | | |
| 1. Corporate ID No. 000030066 | | | |
| 2. Name of Corporation WESTERLY PEE-WEE FOOTBALL TEAM | | | |
| 3. State of Incorporation | | | |
| State: <u>RI</u> | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | |
| NAICS Code | | | |
| <u>624110</u> | | | |
| 4. Principal Office Address | | | |
| No. and Street: <u>5 CHESTNUT STREET, A107</u> | | | |
| City or Town: $\underline{WESTERLY}$ State: \underline{RI} Zip: $\underline{02891}$ Country: \underline{USA} | | | |
| 5. Foreign Corporation. Enter Principal Office Address | | | |
| No. and Street: | | | |
| City or Town: State: Zip: Country: | | | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | |
| TEACHING BOYS THE FUNDAMENTALS OF FOOTBALL. | | | |
| 6. Names and Addresses of the Officers and Directors: | | | |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3. | | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|--|--|
| PRESIDENT | JOSEPH VACCA | 519 GRAFTON STREET SHREWSBURY, MA 01545 USA |
| TREASURER | BARBARA ROFRANO | 5 CHESTNUT ST A107 WESTERLY, RI 02891 USA |
| SECRETARY | BARBARA ROFRANO | 5 CHESTNUT ST WESTERLY, RI 02891 USA |
| VICE PRESIDENT | CHARLES VACCA | 113 EAST AVE WESTERLY, RI 02891 USA |
| DIRECTOR | JOSEPH VACCA | 519 GRAFTON ST SHREWSBURY, MA 01545 USA |
| DIRECTOR | CHARLES VACCA | 113 EAST AVE WESTERLY, RI 02891 USA |
| DIRECTOR | MICHAEL GARAFOLO | 96 WOODY HILL RD WESTERLY, RI 02891 USA |
| DIRECTOR | BRIAN BERGEL | 5 BELLEVUE AVE WESTERLY, RI 02891 USA |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BARBARA ROFRANO 5 CHESTNUT STREET, APT. A107 WESTERLY, RI 02891

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of August, 2021 at 4:11:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>ARTHUR H LATHROP</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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