



**State of Rhode Island  
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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000356439

**2. Name of Corporation** Burrillville Youth Football and Cheer

**3. State of Incorporation**

State: RI

**ARTICLE III**

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 [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: P.O. BOX 309  
City or Town: HARRISVILLE State: RI Zip: 02830 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE A HEALTHY AND SAFE ENVIRONMENT FOR YOUNG PEOPLE AGES 5 THROUGH 15, INCLUSIVE, TO LEARN FOOTBALL, CHEERLEADING AND THE PRINCIPLES OF GOOD SPORTSMANSHIP

**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             | Address                                         |
|-----------|-----------------------------|-------------------------------------------------|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | JOSHUA PAUL RAZEE           | 180 CENTENNIAL STREET                           |

|                |                    |                                                    |
|----------------|--------------------|----------------------------------------------------|
|                |                    | PASCOAG, RI 02859 USA                              |
| TREASURER      | LISA LACEY         | 101 FOSTERS STREET<br>HARRISVILLE, RI 02830 USA    |
| VICE PRESIDENT | LORRAINE R NICOLAY | 484 ROUND TOP RD<br>HARRISVILLE, RI 02830-1027 USA |
| DIRECTOR       | SHERRY PATRIE      | ROUND TOP ROAD<br>HARRISVILLE, RI 02830 USA        |
| DIRECTOR       | ADAM NICOLAY       | 484 ROUND TOP ROAD<br>HARRISVILLE, RI 02830 USA    |
| DIRECTOR       | LORRAINE NICOLAY   | 484 ROUND TOP ROAD<br>HARRISVILLE, RI 02830 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**

LORRAINE R NICOLAY 484 ROUND TOP ROAD HARRISVILLE , RI 02830

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

**Signed this 21 Day of March, 2022 at 10:46:06 AM 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 LORRAINE R NICOLAY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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