RI SOS Filing Number: 202325996910 Date: 1/13/2023 12:06:00 PM



State of Rhode Island

Department of State - Business Services Division

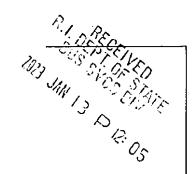
Annual Report for the year:	
Non-Profit Corporation	_

2020

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation					
000096626	American Youth Soccer Organization					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
California	To teach, promote and develop youth soccer in the United States. To develop					
4. NAICS Code	youngsters in body, character and to foster soccer competition in such youth.					
1011420	<u></u>		<u></u>			
6. Principal Office Address			City	State	Zip	
19750 S Vermont Ave, Suite 200			Torrance	CA	90502	
7. List ALL officers (names and add				neck the box to indicate	e an attachment	
President Name Michael Karon			Vice-President Name Eileen Tabert			
Street Address 19750 S Vermont Ave, Suite 200			Street Address 19750 S Vermont Ave, Suite 200			
^{City} Torrance	State CA	^{Zip} 90502	City Torrance	State CA	^{Zlp} 90502	
Secretary Name Margaret Clos	e		Treasurer Name Doug Ryan			
Street Address 19750 S Vermont Ave, Suite 200			Street Address 19750 S Vern	nont Ave, Suite	200	
City Torrance	State CA	^{Zip} 90502	City Torrance	State CA	^{Zip} 90502	
8. List ALL directors (names and a	ddresses). RI Con	porations MUST li		heck the box to Indicate	e an attachment	
Ofrector Name SEE ATTACHED LIST			Oirector Name			
Street Address			Street Address			
	-		Street Address			
	State	Zip	Street Address City	State	Zip	
Street Address	State	7ip		State	Zip	
Street Address City	State	Z _i p	City	State	Zip	
Street Address City Director Name	State	Zip	City Director Name	State	Zip Zip	
Street Address City Director Name Street Address City	State	Zip	City Director Namo Street Address	State		
Street Address City Director Name Street Address City 9. The Registered Agent information	State on of record with the re and affirm that	Zip he RI Department it I have examine	City Director Name Street Address City of State is accurate. Changes required this report, including any account to the state of th	State sire filing Form 641.	Zip	
Street Address City Director Name Street Address City 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements.	State on of record with the re and affirm than the ontained he	Zip he RI Department at I have examine erein are true and	City Director Name Street Address City of State is accurate. Changes required this report, including any account to the state of th	State sire filing Form 641. Suppanying schedule	Zip es and	
City Director Name Street Address City 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements are the Presented Name of Officer/Authorized Representations.	State on of record with the re and affirm the nts contained he sident, Vice-President,	Zip he RI Department at I have examine erein are true and	City Director Name Street Address City of State is accurate. Changes required this report, including any accordic correct.	State sire filing Form 641. Suppanying schedule	Zip es and	
City Director Name Street Address City 9. The Registered Agent informatic Under penalty of perjury, I decla statements, and that all stateme This report must be signed by either the Pre Name of Officer/Authorized Repres Matthew Winegar	State on of record with the re and affirm than the contained he sident, Vice-President, sentative	Zip he RI Department at I have examine erein are true and	City Director Namo Street Address City of State is accurate. Changes required this report, including any accordance correct.	State ire filing Form 641. mpanying schedule ntalive, Receiver or Truste	Zip es and	
City Director Name Street Address City 9. The Registered Agent informatic Under penalty of perjury, I decla statements, and that all stateme This report must be signed by either the Pre Name of Officer/Authorized Repres Matthew Winegar	State on of record with the re and affirm the nts contained he sident, Vice-President,	Zip he RI Department at I have examine erein are true and	City Director Namo Street Address City of State is accurate. Changes required this report, including any accordance correct.	State sire filing Form 641. mpanying schedule ntetive, Receiver or Truste Date	Zip es and	
City Director Name Street Address City 9. The Registered Agent informatic Under penalty of perjury, I decla statements, and that all stateme This report must be signed by either the Pre Name of Officer/Authorized Repres Matthew Winegar	State on of record with the re and affirm than the contained he sident, Vice-President, sentative	Zip he RI Department at I have examine erein are true and	City Director Name Street Address City of State is accurate. Changes required this report, including any accordic correct.	State sire filing Form 641. mpanying schedule ntetive, Receiver or Truste Date	Zip es and	

Division of Business Services

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

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

American Youth Soccer Organization

Directors List

Jeff Ransom	19750 S Vermont Ave, Suite 200, Torrance, CA 90502
Randy Pittman	19750 S Vermont Ave, Suite 200, Torrance, CA 90502
Donna Nelson	19750 S Vermont Ave, Suite 200, Torrance, CA 90502
Yvette Barrett	19750 S Vermont Ave, Suite 200, Torrance, CA 90502
Matthew Winegar	19750 S Vermont Ave, Suite 200, Torrance, CA 90502