	State of Rhode Island of the Secretary of S	State	Fee: \$20.00	
Div	ision Of Business Servic 148 W. River Street	es		
P.	rovidence 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 annual report within the time prescribed b penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2023				
1. Corporate ID No. <u>001663967</u>				
2. Name of Corporation <u>Rams FC Inc.</u>				
3. State of Incorporation				
State: <u>RI</u>				
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 <u>click here.</u>				
NAICS Code				
624110				
4. Principal Office Address				
No. and Street: 445 COUNTRY VIE	WDRIVE			
City or Town: <u>WARWICK</u>	State: R	Zip: <u>02886</u> Cou	intry: USA	
			<u> </u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,				
EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES,				
THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS				
EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL				
REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX				
CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: WILL BE A VOLTH SOCCED OF UR SERVICING MOSTLY SOUTHERN RECHILDREN				
BE A YOUTH SOCCER CLUB SERVICING MOSTLY SOUTHERN RI CHILDREN.				

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	GARETH ELLIOTT	147 HIDDEN LAKE DRIVE NORTH KINGSTOWN, RI 02874 USA
TREASURER	DAVID RUSH	445 COUNTRY VIEW DRIVE WARWICK, RI 02886 USA
SECRETARY	LUKE BURGESS MR	7400 POST RD APT C NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	LORI S RUSH	445 COUNTRY VIEW DRIVE WARWICK, RI 02886 USA
DIRECTOR	GARETH ELLIOTT	145 HIDDEN LAKE DRIVE NORTH KINGSTOWN, RI 02874 USA
DIRECTOR	KYLE FROBERG	2 GREAT LEDGE COURT JAMESTOWN, RI 02835 USA
DIRECTOR	DAVID RUSH	445 COUNTRY VIEW DRIVE WARWICK, RI 02886 USA
DIRECTOR	DAVID RUSH	445 COUNTRY VIEW DRIVE WARWICK, RI 02886 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

DAVID RUSH 445 COUNTRY VIEW DRIVE WARWICK , RI 02886

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

Signed this 23 Day of January, 2023 at 4:03:45 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>DAVID RUSH</u>

Signature of Authorized Person

Form No. 631 Revised 09/07