RI SOS Filing Number: 202327255150 Date: 2/1/2023 2:02:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation
000026490	**East Greenwich Soccer Association, Inc.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **operation of youth soccer leagues and travel teams in East Greenwich, RI**
4 NAICS Code: **813319 - Other Social Advoc**	

6. Principal Office Address	City	State	Zip
40 Falcon Circle	**East Greenwich**	**RI**	**02818**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Angelique Stiglic**			Vice-President Name		
Street Address **40 Falcon Circle**			Street Address		
City **East Greenwich**	State **RI**	Zip **02818**	City	State	Zip
Secretary Name **Mike Dacey**			Treasurer Name **Alan Burke**		
Street Address **15 Partridge Run**			Street Address **160 Tamarack Drive**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Stephanie Murphy**			Director Name **Audra Esper**		
Street Address c/o **40 Falcon Circle**			Street Address c/o **40 Falcon Circle**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**
Director Name c/o **Scott Stroud**			Director Name		
Street Address **40 Falcon Circle**			Street Address		
City **East Greenwich**	State **RI**	Zip **02818**	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.

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

Name of Officer/Authorized Representative	Date
Alan Burke	**1/30/23**

Signature of Officer/Authorized Representative: A. Alan Burke SIGN DOCUMENT HERE **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631 - Revised: 06/2019