



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Entity ID Number<br><u>001358697</u>                                                                                                                                                                            |                                     | 2. Exact name of the Corporation<br><u>RI Football University</u>                                                                                 |                                           |
| 3. State of Incorporation<br><u>RI</u>                                                                                                                                                                             |                                     | 5. Brief description of the character of business conducted in Rhode Island<br><u>To promote, Support AND Encourage Amateur Football Programs</u> |                                           |
| 4. NAICS Code<br><u>713940</u>                                                                                                                                                                                     |                                     |                                                                                                                                                   |                                           |
| 6. Principal Office Address<br><u>85 NINTH ST</u>                                                                                                                                                                  |                                     | City<br><u>Providence</u>                                                                                                                         | State<br><u>RI</u><br>Zip<br><u>02906</u> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                                     |                                                                                                                                                   |                                           |
| President Name <u>Sandra Marie Lincoln</u>                                                                                                                                                                         |                                     | Vice-President Name <u>LAUREN LYNCH</u>                                                                                                           |                                           |
| Street Address <u>P.O. Box 40037</u>                                                                                                                                                                               |                                     | Street Address <u>47B Victory Highway</u>                                                                                                         |                                           |
| City <u>Providence</u>                                                                                                                                                                                             | State <u>RI</u>                     | City <u>Chepachet</u>                                                                                                                             | State <u>RI</u><br>Zip <u>02814</u>       |
| Secretary Name <u>Michelle D. Morte</u>                                                                                                                                                                            |                                     | Treasurer Name <u>Rondie Almeida</u>                                                                                                              |                                           |
| Street Address <u>7 Sacco St</u>                                                                                                                                                                                   |                                     | Street Address <u>85 NINTH ST</u>                                                                                                                 |                                           |
| City <u>Johnston</u>                                                                                                                                                                                               | State <u>RI</u><br>Zip <u>02919</u> | City <u>Providence</u>                                                                                                                            | State <u>RI</u><br>Zip <u>02906</u>       |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                     |                                                                                                                                                   |                                           |
| Director Name <u>Bryan Almeida</u>                                                                                                                                                                                 |                                     | Director Name <u>Sandra M. Lincoln</u>                                                                                                            |                                           |
| Street Address <u>73 Cypress St</u>                                                                                                                                                                                |                                     | Street Address <u>P.O. Box 40037</u>                                                                                                              |                                           |
| City <u>Providence</u>                                                                                                                                                                                             | State <u>RI</u><br>Zip <u>02906</u> | City <u>Providence</u>                                                                                                                            | State <u>RI</u><br>Zip <u>02904</u>       |
| Director Name                                                                                                                                                                                                      |                                     | Director Name <u>Rondie Almeida</u>                                                                                                               |                                           |
| Street Address                                                                                                                                                                                                     |                                     | Street Address <u>85 NINTH ST</u>                                                                                                                 |                                           |
| City                                                                                                                                                                                                               | State                               | City <u>Providence</u>                                                                                                                            | State <u>RI</u><br>Zip <u>02906</u>       |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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<br><u>Rondie Almeida</u>                                                                                                                                                 |                                     | Date<br><u>3/12/23</u>                                                                                                                            |                                           |
| Signature of Officer/Authorized Representative<br><u>Rondie Almeida</u>                                                                                                                                            |                                     | FILED 11/6<br>MAR 17 2023<br>BY <u>6V KAY</u>                                                                                                     |                                           |

## MAIL TO:

Division of Business Services

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