	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines		
	148 W. River S		
7636	Providence RI 029 (401) 222-30		
Non-Profit Corporation			
Annual Report			
Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6	· · · · · · · · · · · · · · · · · · ·		
annual report within the time pr penalty fee of \$25.00.	escribed by law (R.I.G.L. 7-0	5-91) is subject to a	
ANNUAL REPORT YEAR: 202	<u>3</u>		
1. Corporate ID No. <u>0017</u>	18267		
2. Name of Corporation Ocea	an State Steelers		
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of t the NAICS Code is	he dropdown will known, enter it into the
NAICS Code			
<u>624110</u>			
4. Principal Office Address			
No. and Street: PO BO	X 771		
<u>10 B0</u>	<u>X 771</u> WARWICK State: R	I Zip: <u>02893</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condi	icted in Rhode Isla	nd
YOUTH FOOTBALL LEAG	GUE		
6. Names and Addresses of t			
All Directors and Officers mu Island Corporation shall not		e number of DIRE	CIORS of a Rhode
Title	Individual Name		ddress
<u> </u>	First, Middle, Last, Suffix		n, State, Zip Code, Country
1			

PRESIDENT	DAVID WALDECK III	34 CRAWFORD ST WEST WARWICK, RI 02893 USA
TREASURER	JOHN WEBER	105 CROSS BOW LANE WEST WARWICK, RI 02893 USA
SECRETARY	ANGELA REELS	15 CAPRON ST WEST WARWICK, RI 02893 USA
VICE PRESIDENT	MICHAEL GAUVIN	60 BARNOLD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	DAVID WALDECK III	34 CRAWFORD ST WEST WARWICK, RI 02893 USA
DIRECTOR	MICHAEL GAUVIN	60 BARNOLD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JOHN WEBER	105 CROSS BOW LANE WEST WARWICK, RI 02893 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 F WALDECK III 34 CRAWFORD ST WEST WARWICK , RI 02893

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

Signed this 19 Day of March, 2023 at 2:10:46 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 ANGELA REELS

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved