



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence 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 corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023:** 2023

1. Corporate ID No. 001689099

2. Name of Corporation Providence Gay Flag Football League

3. State of Incorporation

State: RI

NAICS CODE

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 [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: PO BOX 40577

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDENCE GAY FLAG FOOTBALL LEAGUE IS A NON-PROFIT, RECREATIONAL CO-ED FLAG FOOTBALL CLUB, SERVING THE PROVIDENCE AND RHODE ISLAND LGBTQ COMMUNITY.

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	CHRIS ALMONTE	PO BOX 40577 PROVIDENCE, RI 02940 USA
TREASURER	GREG POLZER	PO BOX 40577 PROVIDENCE, RI 02940 USA
SECRETARY	JOSHUA KLEMP	PO BOX 40577 PROVIDENCE, RI 02940 USA
EXECUTIVE DIRECTOR	DUANE GOSLEY	PO BOX 40577 PROVIDENCE, RI 02940 USA
COO	ROLFE HUBLEY	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	SEAN CORCORAN	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	JAY POTTER	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	KIMBERLY RED HAMPSON	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	CHELSEA BEAUDOIN	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	ANTHONY DEROSE	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	MICHAEL LUCERTO	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	SEAN DAVIS	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	THERESA WATERBURY	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	MARC PERKEL	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	MICHAEL MAIO	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	PATRICK MCILVEEN	PO BOX 40577 PROVIDENCE, RI 02940 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

DUANE GOSLEY 62 CEDAR SWAMP RD SMITHFIELD , RI 02917

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

Signed this 4 Day of August, 2023 at 10:33:10 AM 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 CHRISTOPHER ALMONTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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