



**State of Rhode Island
Department of State - Business Services Division**

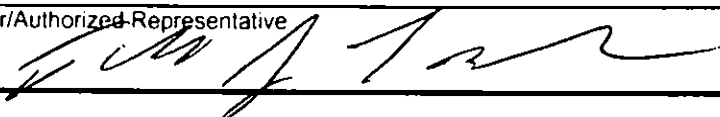
Annual Report for the year: **2023**

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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 AUG 10 P 12:04

1. Entity ID Number 001705366		2. Exact name of the Corporation Golden Touchdown Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SRA Football Booster Club			
4. NAICS Code 813400					
6. Principal Office Address 24 Quaker Lane Unit J			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVE NADEAU			Vice-President Name TODD LASCOLA		
Street Address 46 REMINGTON FARM DRIVE			Street Address 90 GRANDE BROOK CIRCLE		
City COVENTRY	State RI	Zip 02816	City S KINGSTON	State RI	Zip 02879
Secretary Name MATT REINSANT			Treasurer Name KURT CARNEY		
Street Address 24 COLLINGWOOD DR			Street Address 35 REGINA DRIVE		
City CRANSTON	State RI	Zip 02921	City SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVE NADEAU			Director Name MATT REINSANT		
Street Address 46 REMINGTON FARM DRIVE			Street Address 24 COLLINGWOOD DR		
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02921
Director Name KURT CARNEY			Director Name TODD LASCOLA		
Street Address 35 REGINA DRIVE			Street Address 90 GRANDE BROOK CIRCLE		
City SCITUATE	State RI	Zip 02857	City S KINGSTON	State RI	Zip 02879
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative TODD LASCOLA				Date 8-10-23	
Signature of Officer/Authorized Representative 				FILED 1207	

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

AUG 10 2023
BY S44PA