



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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.

1. Entity ID Number <u>1067064</u>	2. Exact name of the Corporation <u>Exeter West Greenwich Youth Football and</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Youth Football and Cheer</u> <u>Cheerleading</u>
4. NAICS Code <u>713990</u>	

6. Principal Office Address <u>383 Grand Ave</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Prescott W Charter Jr</u>			Vice-President Name <u>Matthew Polosi</u>		
Street Address <u>383 Grand Ave</u>			Street Address <u>606 Hopkins Hill Rd</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip	City <u>West Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>
Secretary Name <u>Rosalie Rogers</u>			Treasurer Name <u>Charisse Edgar</u>		
Street Address <u>21 Hill Hollow Rd</u>			Street Address <u>206 East Shore dr</u>		
City <u>Voluntown</u>	State <u>CT</u>	Zip <u>06384</u>	City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>

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 <u>Prescott W Charter Sr</u>			Director Name <u>Brianna Leclair</u>		
Street Address <u>37 Darrow St</u>			Street Address <u>206 East Shore dr</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>
Director Name <u>Nicole Ruby</u>			Director Name		
Street Address <u>383 Grand Ave</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City	State	Zip

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 <u>Prescott W Charter Jr</u>	Date <u>3/4/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>	

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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FILED
MAR 04 2024
BY ML DD/ATK
FORM 631- Revised 12/2023