



**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 YEAR 2024:** 2024

**1. Corporate ID No.** 001758446

**2. Name of Corporation** North Kingstown Football Booster Club

**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

611110

**4. Principal Office Address**

No. and Street: 57 BIG OAK DRIVE

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: US

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

VOLUNTEER TIME AND RAISE MONEY CONTRIBUTE FUNDS TO BETTER ENHANCE THE NORTH KINGSTOWN FOOTBALL TEAM PERFORMANCE. PRINT PROMOTIONAL ITEMS LIKE TEAM SCHEDULES, PROGRAMS AND YEARBOOKS (SUBJECT TO APPROVAL BY THE HEAD COACH/ATHLETIC DIRECTOR). FINANCIALLY SUPPORT THE PROGRAM BY PROVIDING ADDITIONAL FUNDING FOR COACHES, STAFF AND EVENT WORKERS AS APPROVED BY THE HEAD COACH AND ATHLETIC DIRECTOR. LISTEN AND WORK CLOSELY WITH THE HEAD COACH. DISCUSS AS OFFICIAL BUSINESS ANY ITEM THAT MEETS THE DEFINITION OR

**FUNCTION OF A BOOSTER CLUB**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	RICHARD BERTHELOT	57 BIG OAK DRIVE NORTH KINGSTOWN, RI 02852 US
DIRECTOR	DAVE GIROGI	6 BICKET LANE NORTH KINGSTOWN, RI 02852 US
DIRECTOR	RICHARD BERTHELOT	57 BIG OAK DIRVE NORTH KINGSTOWN, RI 02852 US
DIRECTOR	THADDEUS KRESSE	60 BIG OAK NORTH KINGSTOWN, RI 02852 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**

RICHARD BERTHELOT 57 BIG OAK DRIVE NORTH KINGSTOWN , RI 02852

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

**Signed this 18 Day of March, 2024 at 11:12:19 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 RICHARD BERTHELOT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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