



**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. 001748460

2. Name of Corporation Rhode Island Wrestling Officials Association, Inc

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

713990

4. Principal Office Address

No. and Street: C/O DAVID CAPONE

2 REGENCY PLAZA SUITE 17

City or Town: LINCOLN

State: RI Zip: 02903 Country: USA

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

TO PROMOTE HIGH SCHOOL WRESTLING OFFICIATING, TRAINING, EDUCATION, RULES INTERPRETATION, ASSIGNMENT OF EVENTS, AND ANY OTHER LAWFUL PURPOSE ALLOWED UNDER RI TITLE 7.6 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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
DIRECTOR	JOSEPH ESPOSITO	201 KIMBERLY LANE CRANSTON, RI 02921 USA
DIRECTOR	JOSEPH GRAVINA	24 MCKINLEY ST JOHNSTON, RI 02919 USA
DIRECTOR	DAVID CAPONE	PO BOX 113805 NORTH PROVIDENCE, RI 02911 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 CAPONE 2 REGENCY PLAZA, SUITE 17 PROVIDENCE , RI 02903

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

**Signed this 30 Day of April, 2024 at 2:49:33 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 DAVID CAPONE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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