



**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. 001742895

2. Name of Corporation New England Intercollegiate 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: DAVID CAPONE

2 REGENCY PLAZA SUITE 17

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

TO PROMOTE COLLEGE WRESTLING OFFICIATING TRAINING, EDUCATION, RULES
INTERPRETATION, ASSIGNMENT OF EVENTS

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
DIRECTOR	DAVID CAPONE	2 REGENCY PLAZA, SUITE 17 PROVIDENCE, RI 02903 USA
DIRECTOR	KELLY MURPHY	6 TIMBER LANE WILLINGTON, CT 06279 USA
DIRECTOR	KEVIN HOLMGREN	43 COBBLESTONE DRIVE GROTON, CT 06340 USA
DIRECTOR	REY SANTIAGO	61 NORMAN ROAD GRISWOLD, CT 06351 USA
DIRECTOR	EDWARD CONN	17 OLD SHETUCKET TPKE GRISWOLD, CT 06351 USA
DIRECTOR	BRIAN MANZI	175 FERRY RD UNIT 28 OLD SAYBROOK, CT 06475 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 3:01:31 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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