

**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.** 000109008**2. Name of Corporation** THE XPRESS FOOTBALL ASSOCIATION**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

813319**4. Principal Office Address**No. and Street: PO BOX 125City or Town: FORESTDALEState: RIZip: 02824Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**SUPPORT AND CONDUCTING BUSINESS OF A NON PROFIT YOUTH FOOTBALL
AND LEADING PROGRAM**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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GINO OLAES	170 MENDON STREET BALCKSTONE, MA 01504 USA
TREASURER	MEGHAN MOYLAN	140 PULASKI BLVD BELLINGHAM, MA 02019 USA
SECRETARY	SENGPRACHANH PALARDY	6 CAROL LANE BLACKSTONE, MA 01504 USA
VICE PRESIDENT	AMBER EUGLOW	8 BOW STREET MILLVILLE, MA 01529 USA
DIRECTOR	KELLY OLAES	170 MENDON STREET BLACKSTONE, MA 01504 USA
DIRECTOR	PATRICK EUGLOW	8 BOW STREET MILLVILLE, MA 01529 USA
DIRECTOR	ELYSE COFFEY	46 RAYNER ST. BLACKSTONE, MA 01504 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

MICHAEL MANZI 521 SOUTH MAIN STREET WOONSOCKET , RI 02895

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

Signed this 15 Day of May, 2024 at 3:01:22 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 MEGHAN MOYLAN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved