	State of Rho Office of the Sec			Fee: \$20.00
	Division Of Bus	•		
	148 W. Riv	er Street		
	Providence RI	02904-2	615	
1636	(401) 222	2-3040		
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				s
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEA	r 2024	: <u>2024</u>	
1. Corporate ID No. <u>0000</u>	71712			
2. Name of Corporation $\underline{\text{MID}}$	DLETOWN YOUTH	SOCCER	CLUB	
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CC	DE		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. d on the chosen selection	The box t n. If the N	o the right of th IAICS Code is k	e dropdown will known, enter it into the
NAICS Code				
<u>713990</u>				
<u></u>				
4. Principal Office Address				
No. and Street: 4 RALT	DWIN ROAD			
+ DRE		ate: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Co	onducted	in Rhode Islan	nd
TO PROVIDE AN OPPORT LEARN,DEVELOP AND PL		UTH O	F AQUIDNEC	<u>K ISLAND TO</u>
6. Names and Addresses of t	the Officers and Directo	rs:		
All Directors and Officers mo Island Corporation shall not		. The nu	mber of DIREC	TORS of a Rhode

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	MELISSA GREEN	143 RIDGEWOOD MIDDLETOWN, RI 02842 USA
SECRETARY	JULIE WHITE	307 BERKELEY AVE MIDDLETOWN, RI 02842 US
VICE PRESIDENT	JAMES REARDON	8 DONALD DRIVE MIDDLETOWN, RI 02842 USA
PRESIDENT	LEONARD W WILDEMANN	4 BALDWIN ROAD MIDDLWTOWN, RI 02842 USA
DIRECTOR	RONALD OARD	121 LIGHTHOUSE VIEW DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	JOHN BYRNE	811 MITCHELLS LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	DARREN MCCLURG	87 GOSSETTS TURN DR MIDDLETOWN, RI 02842 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

LEONARD W. WILDEMANN 4 BALDWIN ROAD MIDDLETOWN , RI 02842

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

Signed this 28 Day of May, 2024 at 10:37:50 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 <u>LEONARD W WILDEMANN</u> Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved