



**State of Rhode Island
Department of State - Business Services Division**

REC'D RI SOS BSD
24 OCT 1 PM 1:19:00

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000027881		2. Exact name of the Corporation North Providence Jets Football Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A youth football and cheerleading league for children ages 5-14 years old.			
4. NAICS Code 624110					
6. Principal Office Address P.O. box 113954		City North Providence	State RI	Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joshua Johnson			Vice-President Name Walter Ward		
Street Address 630 Smithfield Rd apt 1013 Po box113954			Street Address P.O.box 113954		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02911
Secretary Name Theresa Montanaro			Treasurer Name Antonio Folco		
Street Address P.O. box113954			Street Address P.O. box113954		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Theresa Montanaro			Director Name Antonio Folco		
Street Address P.O.box113954			Street Address P.O. box 113954		
City North Providence	State ri	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Nicole Cookson			Director Name NONE		
Street Address P.O. box 113954			Street Address NONE		
City North Providence	State RI	Zip 02911	City NONE	State None	Zip None
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joshua Johnson				Date 9/30/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY FERQ8
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FORM 631- Revised: 12/2023