



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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

REC'D RIDOS BSD
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STAMP

1. Entity ID Number 000030162		2. Exact name of the Corporation The Rhode Island Football Officials Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To officiate football games: Title:7-6			
4. NAICS Code 813920					
6. Principal Office Address 560 Cole Ave			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Miller			Vice-President Name Richard Morrisette		
Street Address 1997 Broad St			Street Address 19 Matteson Ave		
City Cranston	State RI	Zip 02905	City West Warwick	State RI	Zip 02893
Secretary Name Tara Pinsky			Treasurer Name Mark Loiselle		
Street Address 560 Cole Ave			Street Address 4 Drake Rd		
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02888
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 Marc DiSalvo			Director Name TARA PINSKY		
Street Address 31 Bourque Rd			Street Address SAME AS ABOVE		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name ROBERT MILLER			Director Name		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					Date 1/9/25
Signature of Officer/Authorized Representative TARA L PINSKY					

FILED

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 HBSD/AA. 11:25 AM