RI SOS Filing Number: 202562445200 Date: 1/13/2025 4:16:00 PM



State of Rhode Island Office of the Secretary of State

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 **2025**: <u>2025</u>

- 1. Corporate ID No. <u>001758446</u>
- 2. Name of Corporation North Kingstown Football Booster Club
- 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 <u>click here.</u>

NAICS Code

<u>611110</u>

4. Principal Office Address

No. and Street: 57 BIG OAK DRIVE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: US

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

VOLUNTEER TIME AND RAISE MONEY CONTRIBUTE FUNDS TO BETTER
ENHANCE THE NORTH KINGSTOWN FOOTBALL TEAM PERFORMANCE. PRINT
PROMOTIONAL ITEMS LIKE TEAM SCHEDULES, PROGRAMS AND YEARBOOKS
(SUBJECT TO APPROVAL BY THE HEAD COACH/ATHLETIC DIRECTOR).
FINANCIALLY SUPPORT THE PROGRAM BY PROVIDING ADDITIONAL FUNDING
FOR COACHES, STAFF AND EVENT WORKERS AS APPROVED BY THE HEAD COACH
AND ATHLETIC DIRECTOR. LISTEN AND WORK CLOSELY WITH THE HEAD COACH.
DISCUSS AS OFFICIAL BUSINESS ANY ITEM THAT MEETS THE DEFINITION OR

Fee: \$20.00

FUNCTION OF A BOOSTER CLUB

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	RICHARD BERTHELOT	57 BIG OAK DIRVE NORTH KINGSTOWN, RI 02852 US
DIRECTOR	MARK SWISTAK	CLINTON AVE JAMESTOWN, RI 02835 USA
DIRECTOR	MELISSA PETRANGELO	STONY LANE NORTH KINGSTOWN, RI 02852 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

RICHARD BERTHELOT 57 BIG OAK DRIVE NORTH KINGSTOWN, RI 02852

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

Signed this 13 Day of January, 2025 at 4:17:13 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 RICHARD A BERTHELOT

Signature of Authorized Person

Form No. 631 Revised 09/07

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