



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

REC'D RI SOS BSD  
25 FEB 6 AM 10:00:04

Annual Report for the year: 2025

**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 <b>000798952</b>		2. Exact name of the Corporation <b>Rhode Island Strikers F.C.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Premier soccer club.</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>PO Box 890</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William R. Hickey</b>			Vice-President Name <b>Lionel A. Delos</b>		
Street Address <b>2 Enid Way</b>			Street Address <b>24 Rustic Acres Drive</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Secretary Name			Treasurer Name <b>Lionel A. Delos</b>		
Street Address			Street Address <b>24 Rustic Acres Drive</b>		
City	State	Zip	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>William R. Hickey</b>			Director Name <b>Lionel A. Delos</b>		
Street Address <b>2 Enid Way</b>			Street Address <b>24 Rustic Acres Drive</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>Anthony Bettencourt</b>			Director Name		
Street Address <b>12 Sturbridge Avenue</b>			Street Address		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Lionel Delos - Director</b>				Date <b>1-28-25</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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

FEB 06 2025  
BY ML 1427