



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

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: 2025

1. Corporate ID No. 001689099

2. Name of Corporation Providence Gay Flag Football League

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 [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: PO BOX 16188

City or Town: RUMFORD State: RI Zip: 02916 Country: USA

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

PROVIDENCE GAY FLAG FOOTBALL LEAGUE IS A NON-PROFIT, RECREATIONAL CO-ED FLAG FOOTBALL CLUB, SERVING THE PROVIDENCE AND RHODE ISLAND LGBTQ COMMUNITY.

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
PRESIDENT	CHRIS ALMONTE	PO BOX 16188 RUMFORD, RI 02916 USA
TREASURER	GREG POLZNER	PO BOX 16188 RUMFORD, RI 02916 USA
SECRETARY	JONATHAN KAUFMAN	PO BOX 16188 RUMFORD, RI 02916 USA
VICE PRESIDENT	JOSHUA KLEMP	PO BOX 16188 RUMFORD, RI 02916 USA
VICE PRESIDENT	RENEE TORRES	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	BRIAN HORTON	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	BRIANNE SMITH	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	JEFFREY CABRAL	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	BRI GIL	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	NICK PFEILER	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	DENNIS CONNETTA	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	MEAGAN DURIGAN	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	RILEY OBRIEN	PO BOX 16188 RUMFORD, RI 02916 USA
DIRECTOR	ANTHONY DEROSE	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	MICHAEL MAIO	PO BOX 40577 PROVIDENCE, RI 02940 USA
DIRECTOR	PATRICK MCILVEEN	PO BOX 40577 PROVIDENCE, RI 02940 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

JONATHAN KAUFMAN 336 DOYLE AVENUE PROVIDENCE , RI 02906

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

Signed this 17 Day of February, 2025 at 11:49:55 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 JONATHAN KAUFMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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