



State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 17 2025
BY W.S.I.
ESG

1. Entity ID Number 27475		2. Exact name of the Corporation New England Soccer Hall of Fame	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To honor individuals that promote the game of soccer	
4. NAICS Code 711310			
6. Principal Office Address 234 Mercer Street		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph J. Sousa		Vice-President Name Dennis Candeias	
Street Address 90 Greenwich Avenue		Street Address 12 Sharon Drive	
City East Providence	State RI	City Cumberland	State RI
Zip 02914		Zip 02864	
Secretary Name Pat Vololato		Treasurer Name Lillian N. Sousa	
Street Address 23 Willow Road		Street Address 234 Mercer Street	
City Greenville	State RI	City East Providence	State RI
Zip 02828		Zip 02914	
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 Jennifer Sousa		Director Name Douglas Champman	
Street Address 90 Greenwich Avenue		Street Address 20 Brewster Drive	
City East Providence	State RI	City Somerset	State MA
Zip 02914		Zip 02726	
Director Name Joseph Garcia		Director Name Italo Broccoli	
Street Address 84 Grassmere Avenue		Street Address 785 Charles Street	
City East Providence	State RI	City Providence	State RI
Zip 02914		Zip 02904	
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.			
<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 Lillian N. Sousa			Date 2/6/2025
Signature of Officer/Authorized Representative <i>Lillian N. Sousa</i>			

MAIL TO:

Division of Business Services

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