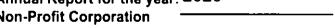
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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2025
Non-Profit Corporation	
- Eiling agrical: Enhauge 1 May 1	



→ Filing period: February 1 - May 1.

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→ Filing Fee: \$20 00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31

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Penaity. Additional \$25.00 fee if	·	<u> </u>					
1 Entity ID Number		Exact name of the Corporation					
001756851	National Football Foundation and College Hall of Fame RI						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	FOOTBALL SCHOLARSHIP						
4. NAICS Code	1						
813211							
013211							
Principal Office Address	incipal Office Address			State	Zip		
28 CEDAR RIDGE LANE			WEST GREENWICH	RI	02817		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name		Vice-President Name					
Street Address		Street Address					
City	State	Zip	City	State	Zıp		
Secretary Name		Treasurer Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name EMO DINITTO			Director Name JEAN HOUGH				
Street Address 28 CEDAR RIDGE LANE			Street Address 5 JOSHUA COURT				
City WEST GREENWICH	State RI	^{Zip} 02817	City WARWICK	State RI	Zip 02886		
Director Name THOMAS M CENTORE		Director Name					
Street Address 24-DIX LANE		Street Address					
City JOHNSTON	State RI	^{Zip} 02919	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							
Thurm M	Thomas M Centin			4/8/25			
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov