



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

STAMP

JUN 09 2025

FOR

BY

105334 38202

1. Entity ID Number 000030066		2. Exact name of the Corporation WESTERLY PEE-WEE FOOTBALL TEAM			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TEACHING BOYS THE FUNDAMENTALS OF FOOTBALL			
4. NAICS Code 624110 - Child and Youth Service					
6. Principal Office Address 41 John STREET, WESTERLY		City WESTERLY		State RI	Zip 02891
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name T.J. ALVINO			Vice-President Name SYDNI ULRICKSEN		
Street Address 16 LINKS PASSAGE			Street Address 13 LAUDONE DRIVE		
City WESTERLY	State RI	Zip 02891	City BRADFORD	State RI	Zip 02808
Secretary Name MICHAEL MCLEOD			Treasurer Name NICOLE STORM		
Street Address 1 CASTLE WAY			Street Address 41 JOHN STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name MAC HINDLE			Director Name MICHELLE CANTY		
Street Address 116 TOWER STREET			Street Address 8 GILLES DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name Nicole Storm			Director Name		
Street Address 41 John Street			Street Address		
City Westerly	State RI	Zip 02891	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 MAC HINDLE				Date 05/18/25	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021