



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025 AMENDED  
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.

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ONLY

1. Entity ID Number <b>000480955</b>		2. Exact name of the Corporation <b>NEW ENGLAND RAIDER BOOSTER</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO RAISE FUNDS TO SUPPORT LOCAL AND NATIONAL CHARITIES, TO REPRESENT THE LAS VEGAS RAIDERS</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>12 HOLSMITH COURT</b>		City <b>RUMFORD</b>	State <b>RI</b>
		Zip <b>02916</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>ANTONIO M. RAMOS</b>		Vice-President Name <b>CARLOS LOPES-ESTRADA</b>	
Street Address <b>12 HOLSMITH COURT</b>		Street Address <b>240 DAHILA</b>	
City <b>RUMFORD</b>	State <b>RI</b>	City <b>N. KINGSTOWN</b>	State <b>RI</b>
Zip <b>02916</b>		Zip <b>02852</b>	
Secretary Name <b>MARK LOFFREDO</b>		Treasurer Name <b>MARK LOFFREDO</b>	
Street Address <b>111 FARNUM</b>		Street Address <b>111 FARNUM</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</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>BRUCE HENDERICKSON</b>		Director Name <b>DENNIS LAFAZIA</b>	
Street Address <b>1050 DOUGLAS AVE APT 4204</b>		Street Address <b>53 WILLS DRIVE</b>	
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	City <b>CUMBERLAND</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02864</b>	
Director Name <b>JOHN M. RAMOS</b>		Director Name	
Street Address <b>12 ISLAND AVE</b>		Street Address	
City <b>RUMFORD</b>	State <b>RI</b>	City	State
Zip <b>02916</b>		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>			
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 <b>ANTONIO M. RAMOS</b>			Date <b>7 July 2025</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](http://www.sos.ri.gov)

JUL 07 2025



BY FBBFS



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 07, 2025 01:57 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

