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## 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

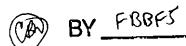
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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2. Exact name of the Corporation						
000480955	NEW ENGLAND KAIDER BOOSTER						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	TO RAISE FUNDS TO SUPPORT LOCAL AND NATIONAL						
4. NAICS Code	CHARITIES, TO REPRESENT THE LAS VAGAS						
813990	RAIDERS						
6. Principal Office Address			City	State	Zip		
12 HOLSMITH COURT			Kumporly	K/	02416		
7. List ALL officers (names and add	Check the box to indicate an attachment						
President Name ANTON 10 M. RAMOS			Vice-President Name CARLOS LOPES-ESTRADA				
Street Address HOLSMITH COURT			Street Address DAHILA				
city RUMFORD	State 2	zip 72916	N. KINGSTOWN	State RI	82452		
Secretary Name MARK LOFFREDO			Treasurer Name  NARK LOFFR6D0				
Street Address FARNUM		Street Address - ARNUM					
CITY PROVIDENCE	State RI	02914	CEAST PROVIDENCE	State RT	292914		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors  Check the box to indicate an attachment							
Director Name BRUCK HENDEICKSON			DENNIS LAFAZIA				
Street Address Doughas Are APT 4204			Street Address DRIV6				
MORTH PROVIDENCE	State RI	<sup>Zip</sup> 2904	CUMBERLAND	State RT	マカスタイク		
Director Name JOHN M. RAMOS			Director Name				
Street Address TSLAND AR			Street Address				
CIN RUMFORD	State 2	2929110	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  /							
Name of Officer/Authorized Representative			700/y2025				
Signature of Officer/Authorized Representative							
FILED							
MAIL TO:							

Division of Business Services

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

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



JUL 07 2025

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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

Gregg M. Amore Secretary of State

Tregs M. Coure

