

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

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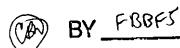
→ Printing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2. Exact name of the Corporation						
000480955	NEW ENGLAND KAIDER BOOSTER						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	TO RAISE FUNDS TO SUPPORT LOCAL AND NATIONAL						
4. NAICS Code	CHARITIES, TO REPRESENT THE LAS VAGAS						
813990	313990 RAIDERS						
6. Principal Office Address			City	State	Zip		
12 HOLSMITH COURT			Kumporls	Kリ	02416		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name ANTONIO M. RAMOS			Vice-President Name CARLOS LOPES-ESTRADA				
Street Address HOLSMITH COURT			Street Address DAHILA				
city RUMFORD	State	Zip 72916	N. KINGSTONN	State RI	82752		
Secretary Name MARK LOFFREDO			MARK LOFFREDO				
Street Address FARNUM			Street Address - A R N U M				
CIRAST PROVIDENCE	State RI	02914	CHST PROVIDENCE	State RT	292414		
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 HOND BICKSON)			DENNIS LAFAZIA				
Street Address Doughas Ave APT 4204			Street Address DRIV6				
MORTH PROVIDENCE		^{zip} a904	CUMBERLAND	State RI	386H		
Director Name JOHN M. RAMOS			Director Name		-		
Street Address TSLAND AR			Street Address				
CITY RUMFORD	State Q	282916	City	State	Zıp		
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, Treesurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Repres	Date /	~ M7~					
ANTONIO IV. KAMOS							
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



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