State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number	2. Exact name of the Corporation
000480955	NEW ENGLAND RAIDER BOOSTER
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO RAISE FUNDS TO SUPPORT LOCAL AND NATIONAL CHARITIES, TO REPRESENT THE LAS VAGAS RAIDERS
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
12 HOLSMITH COURT	RUMFORD	RI	02916

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ANTONIO M. RAMOS	CARLOS LOPES-ESTRADA
Street Address: 12 HOLSMITH COURT	Street Address: 240 DAHILA
City: RUMFORD State: RI Zip: 02916	City: N. KINGSTOWN State: RI Zip: 02852
Secretary Name	**Treasurer Name**
MARK LOFFREDO	MARK LOFFREDO
Street Address: 111 FARNUM	Street Address: 111 FARNUM
City: EAST PROVIDENCE State: RI Zip: 02914	City: EAST PROVIDENCE State: RI Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
BRUCE HENDRICKSON	DENNIS LAFAZIA
Street Address: 1050 DOUGLAS AVE APT 4204	Street Address: 53 WILLIS DRIVE
City: NORTH PROVIDENCE State: RI Zip: 02904	City: CUMBERLAND State: RI Zip: 02864
Director Name: JOHN M. RAMOS	Director Name
Street Address: 12 ISLAND AVE	Street Address
City: RUMFORD State: RI Zip: 02916	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
ANTONIO M. RAMOS	7 July 2025

Signature of Officer/Authorized Representative: [signature]

FILED
JUL 07 2025
BY FBBFS

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023