



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. Corporate ID No. 000038114

2. Name of Corporation North Smithfield Youth Soccer Association

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
624110

4. Principal Office Address

No. and Street: PO BOX 763
City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

YOUTH SOCCER INSTRUCTION AND LEAGUES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	THOMAS G AUCLAIR JR	125 OLD GREAT RD NORTH SMITHFIELD, RI 02896 RI
TREASURER	WILLIAM FLEURY	7 TONI CIRCLE N. SMITHFIELD, RI 02896 USA
TREASURER	ELISABETH C EUGLOW	3 INDIGO FARM RD NORTH SMITHFIELD, RI 02896 USA
VICE PRES REC	MARK LABOSSIERE	30 WINCHESTER AVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	PETER HAINLEY	25 GREENVILLE ROAD N. SMITHFIELD, RI 02896 USA
DIRECTOR	THEODORE ALLGAIR	42 MAPLE AVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MARK LABOSSIERE	30 WINCHESTER RD NORTH SMITHFIELD, RI 02896 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WILLIAM FLEURY 7 TONI CIRCLE NORTH SMITHFIELD , RI 02896

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of December, 2025 at 3:27:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS G AUCLAIR JR
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved