



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
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 <b>000031026</b>		2. Exact name of the Corporation <b>Cracovia Soccer Club</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Forming, Maintaining, Recruiting and Promoting the game of soccer among youths in the state of RI.</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>180 Oakley Rd</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</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>MAREK T. Wary</b>			Vice-President Name <b>Dr. Yvonne M. Wary</b>		
Street Address <b>180 Oakley Rd</b>			Street Address <b>50 Heights of Hill St.</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Whitinsville</b>	State <b>MA</b>	Zip <b>01588</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Christopher Wethey</b>			Director Name <b>Nehemiah Armstrong</b>		
Street Address <b>294 Lincoln St.</b>			Street Address <b>Barden Blvd</b>		
City <b>Blackstone</b>	State <b>MA</b>	Zip <b>01504</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.					
<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>Dr. Yvonne M. Wary - Vice President</b>				Date <b>04/03/22</b>	
Signature of Officer/Authorized Representative <i>Dr. Yvonne M. Wary</i>				<b>FILED</b> <b>APR 6 2022</b> <b>BY 5847E 10:34</b>	