



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2022 APR -6 AM 10:31

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 000109165		2. Exact name of the Corporation Woonsocket Youth Soccer Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Forming, Maintaining, Recruiting and Promoting the game of soccer among youths in the state of RI			
4. NAICS Code 813990					
6. Principal Office Address 180 Oakley Rd			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name MAREK T. Wolny			Vice-President Name Dr. Yvonne M. Wolny		
Street Address 180 Oakley Rd			Street Address 50 Heights of Hill St.		
City Woonsocket	State RI	Zip 02895	City Whitinsville	State MA	Zip 01588
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. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Wethey			Director Name Nehemiah Armstrong		
Street Address 294 Lincoln St.			Street Address Bourden Blvd		
City Blackstone	State MA	Zip 01504	City Woonsocket	State RI	Zip 02895
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 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Dr. Yvonne M. Wolny Vice President					Date 04/03/22
Signature of Officer/Authorized Representative <i>Dr. Yvonne M. Wolny</i>					FILED

APR 6 2022
BY QOCALC