



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000005613</b>		2. Exact name of the Corporation <b>Institute for International Sport</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Expanding the opportunities for young people around the world to participate in sport activities in order to improve and develop their capabilities.</b>			
5. Principal office address <b>3045 Kingstown Rd., PO Box 1677</b>			City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Walter O'Malley</b>			Vice-President Name		
Street Address <b>90 Kirkland Drive</b>			Street Address		
City <b>Stow</b>	State <b>MA</b>	Zip <b>01775</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Rod Steier</b>		
Street Address			Street Address <b>22 Tolland Street</b>		
City	State	Zip	City <b>East Hartford</b>	State <b>CT</b>	Zip <b>06108</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Jennifer Pacelli</b>			Director Name <b>Tim Flaherty</b>		
Street Address <b>2944 76th Avenue</b>			Street Address <b>13798 East Gail Road</b>		
City <b>Oakland</b>	State <b>CA</b>	Zip <b>94605</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85259</b>
Director Name <b>Mark Epstein</b>			Director Name		
Street Address <b>1556 Glen Erin Drive</b>			Street Address		
City <b>Mt. Pleasant</b>	State <b>SC</b>	Zip <b>29464</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**

JUL 01 2014

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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.

*Walter O'Malley* 6/30/14  
 Signature of Officer or Authorized Representative Date

**WALTER O'MALLEY**  
 Print or Type Name of Officer or Authorized Representative