

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

to a penalty fee of \$25.00.	10.11		· · · · · · · · · · · · · · · · · · ·		····· - ·······························	
1. Corporate ID No. 133087		2. Name of Corporation Downer Shook Hooksy Approjetion				
3. State of Incorporation		Power Shack Hockey Association 4. Corporate address in Rhode Island - Street Address			Zip	
=			aaress	City	-	
Rhode Island	PO Box 507			Greenville	02828	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	and the Carlo Sain and the					
	***	o are actually conducted in Ki	ooae isiana			
Youth Hockey Associati	ion, Ages 4-21					
7. NAMES AND ADDRE	SSES OF THE OFF	CERS: ("X" BOX FOR A	TACHMENT) FILL IN SPACE	ES BEFORE USING A	ATTACHMENTS	
President Name			Vice President Name			
Michael Bouchard			Joe Sousa			
Street Address			Street Address			
4 Hawkins Street			148 Fort Street			
City	State	Zip	City	State	Ζip	
Greenville	RI	02828	East Providence	RI	02914	
Secretary Name			Treasurer Name			
Alice Bouchard			Alice Bouchard			
Street Address			Street Address			
304 Mountaindale Road			304 Mountaindale Road			
City	State	Zip	City	State Zip		
Smithfield	RI	02917	Smithfield	RI	02917	
8. NAMES AND ADDRES			ATTACHMENT) TILL IN SPAC			
			ND) CORPORATION SHALL N			
Director Name		,	Director Name	3.40.	(5),	
Michael Bouchard			Joe Sousa			
Street Address			Street Address			
4 Hawkins Street			148 Fort Street			
City	State	Zip	City	State	Zip	
Greenville	RI	02828	East Providence	RI	02914	
Director Name			Director Name	KI	102914	
Alice Bouchard			Director Name			
Street Address			Street Address			
304 Mountaindale Ro	ad		Sireel Address			
City	State	Zip	City	State	7/5	
Smithfield	RI	02917	City	Siale	Zip	
			hanges require filing of For	 m 641 - R I G I - 7-6	L12 / 7 6 79	
Agent Name	in miore formit	D - DO NOT METER - (Address	m off - Kiligil, /-u	1-13 / /-0-/8	
Alice Bouchard			Auto ess			
Address -						
****			City Zip			
304 Mountaindale Road			Smithfield 029		2917	
This report m	oust he signed by e	ither the President Vice	President, Secretary, Assistant	Secretary Transurer	Pecaivar or Trustae	
This report if	iust be signed by e.	ither the Freshlem, vice	Fiesident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
	FREND 1168) MONAGE 10111 100					
			XX. 4 . 4 6			
1 3	3 4 8 7				affirm that I have examined this lules and statements, and that all	
				d herein are true and o		
		į	31	1221		
File Date	<u>:D</u>		11119			
		· .	Signature of Officer	1	Date	
JUN 2 4 2008			Michael Buchasel			
T			Print or Type Name			
By:	7 <i>0</i>		Pari	Jan. A		
PAR SECRETARY	F STATE USE ONLY			TIPU/		
			Title of Officer		E (04 B 15 C)	