

A. Ralph Mollis, Secretary of State Corporations Division

. 148 W. River Street

200 Providence, Rt 02904-2615 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200 401.2 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.

penalty see of \$23.00.				-	. ,	
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
113078	Bristol- Mt.	Hope Hockey Alumni A	Association Inc			
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island	175 Verno	n Street		Warren	02885	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the cha	tracter of the affairs whi	ch are actually conducted in I	Phoda Island			
Youth Hockey Develor	pment Programs	on a committee in i	TOME ISTUM			
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	ITTACHMENT) 🔲 FILL IN SI	PACES REFORE HEING AT	TACIMENTE	
President Name			Vice President Name	ARCES BEFORE USING AT	IACRMENTS	
Joseph Cruz III			Patrick McGinn			
Street Address			Street Address			
175 Vernon Street			64 Beach Rd			
City	State	Zip	Сиу	State	Zip	
Warren	RI_	02885	Bristol	RI	02809	
Secretary Name	-		Treasurer Name		102000	
David Estrella			Joseph Cruz III			
Street Address			Street Address			
5 Christopher Drive			175 Vernon Street			
City -	State	Zip	City	State	Zip	
Bristol	RI	02809	Warren	RI	02885	
8. NAMES AND ADDRI	ESSES OF THE DIF	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	L NOT BE LESS THAN TH	IREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Robert Ferrara	·		Stephen Sousa			
Street Address			Street Address			
16 Franconia Dr			1106 Smithfield Ave			
CH <sub>P</sub>	State	Zip	Сйу	State	Zip	
Cranston	RI	02920	Lincoln	RI	02865	
Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·	·	
David Estrella	<u></u>					
Street Address			Street Address			
5 Christopher Drive						
Gity:	State	Zip	City	State	Zip	
Bristol	RI	02809	I			
9. REGISTERED AGENT	I IN RHODE ISLA	ND		•	ī	
This information is curre	ntly of record in the	Office of the Secretary of	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6	-13/7-6-78	
This report	must be signed by	either the President, Vic	e President, Secretary, Assis	tant Secretary, Treasurer, R	eceiver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-2-09	statements contained herein are true and correct.  5-19-0
Check No	Sknature of Officer Date
By: MMC	Joseph Cruz III Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer