

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 2009

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. 1. Corporate ID No. 2. Name of Corporation 485296 FRIENDS OF BURRILLVILLE HOCKEY 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RHODE ISLAND 1357 VICTORY HWY. OAKLAND 02858-1015 5. Foreign corporation. Enter principal office address City State 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE, SUPPORT AND FINANCE EDUCATIONAL AND ATHLETIC OPPORTUNITIES. Vice President Name STEPHEN P. DAIGLE MICHAEL W. KEABLE Street Address Street Address 13 POINT LANE 1357 VICTORY HWY City State ZitState **PASCOAG** RI 02859 OAKLAND RI 02858-1015 Secretary Name Treasurer Name MICHAEL W. KEABLE MICHAEL W. KEABLE Street Address Street Address 1357 VICTORY HWY 1357 VICTORY HWY City State Ziр Cirv state 210 OAKLAND RI 02858-1015 OAKLAND RI 02858-1015 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3): R.I.G.L. 7-6-23 Director Name STEPHEN P. DAIGLE MICHAEL W. KEABLE Street Address Street Address 13 POINT LANE 1357 VICTORY HWY City State ZipState **PASCOAG** RI 02859 OAKLAND Ri 02858-1015 Director Name Director Name JOSEPH V. MATTERA Street Address Street Address 453 MT. PLEASANT ROAD City State Zip City State ZipHARRISVILLE RI 02830 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L., 7-6-13/7-6-78

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

	FILED
File Date	JUN 1 8 2009
Check No By:	By 1005
	ECRETARY OF STATE USE ONLY

485296

Under penalty of perjury. I declare and a report, including any accompanying sched statements contained herein are true and a statement of the contained herein are true and a statement	lules and statements, and that all
Signature of Officer	Date
MICHAEL W. KEABLE	
Print or Type Name of Officer	
VICE PRESIDENT	
Title of Officer	
	Form 631 Rev. 09/17