RI SOS Filing Number: 200947907170 Date: 06/29/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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		
28180	NORTHERN RHODE ISLAND VIKINGS JUNIOR HOCKEY ASSOCIATION		
3 State of Incorporation	4 Corporate address in Rhode Island - Street Address	City	Zip
RI	P.O. BOX 427	GREENVILLE	02828
5 **Foreign corporation.** Enter principal office address	City	State	Zip

6 Brief Description of the character of the affairs which are actually conducted in Rhode Island
OPERATION OF A YOUTH HOCKEY ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBERT LOMBARDI			DANIEL SALZILLO		
Street Address			Street Address		
15 INDIAN HEAD TRAIL			34 TALBUT ROAD		
City	State	Zip	City	State	Zip
SMITHFIELD	RI	02917	HOPE	RI	02831
Secretary Name			Treasurer Name		
CHARLES WALSH			LISA KELLY		
Street Address			Street Address		
16 SOPHIA LANE			29 CAMILLE DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	JOHNSTON	RI	02919

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			Director Name		
MONICA CARMICHAEL			JOHN CHAKUROFF		
Street Address			Street Address		
97 GROVE STREET			97 AUSTIN AVENUE		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	GREENVILLE	RI	02828
Director Name			Director Name		
COLLEEN WHITEHEAD					
Street Address			Street Address		
15 RICHARD STREET					
City	State	Zip	City	State	Zip
SMITHFIELD	RI	02917			

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

[redacted] 28180 [redacted]

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.

Kole Lombard 6-24-09
Signature of Officer *Date*

ROBERT LOMBARDI
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date	6-29-09
Check No.	743
By:	MNC

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35530-21-398091

Form 631 Rev. 09/17