

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street 148 W. River Street
Providence, RI 02904-2615
401 222

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 sub-

penalty fee of \$25.00.		report winning	ane sime pres	urivea by utw (N.I.G.L.)	(-6-91) is subject to a
1. Corporate 1D No. 103895	North Smithfield Hoop	S ASSOCIATION			
3. State of Incorporation Rhade Island 4. Corporate address in Rhode Island - Street Address P.O., Box 510		ress		SIATERSVILLE	7.ip 02876-5/0
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Descrip. in: of the character of	of the affairs which are actually conducted in Rhod	e Island		<u>. </u>	
	ister and support youth bash		wheto	own of North Si	mithfield
7. NAMES AND ADDRESSES	OF THE OFFICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN S	SPACES BI	EFORE USING ATTAC	HMENTS
President Name Kenneth	Vice President Name SUZANNE GAZAILE				
Street Address 546 Woodko	Stree: Address 7 BRUCE Dr				
North Smithfield	State RI Zip 02896	North Smitht	- 11	State R1	02896
SUSAN NORDSTRAM		Treasurer Name JAMES ROWE			
Street Address 78 TAylor Dr		Street Address 14 Wardlawn Rol			
North Smithfield 8. NAMES AND ADDRESSES	State R Class OF THE DIRECTORS: ("X" BOX FOR AT.	City North Smith FACHMENT) FILL IN	PACES BI	State R /	24p 01896
THE NUMBER OF DIRECTO	RS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHA	LL NOT R	E LESS THAN THRE	E (3). R.I.G.L. 7-6-23
Director Name Kenneth	Peloguin	Director Name	ANNE	GAZA ILE	<u> </u>
546 Weerss	17/ 1/4	Street Address	Bruce	e Dr	· · · · · · · · · · · · · · · · · · ·
North Smithfield	State R 1 25p 02896	North Smith	field	State R. I	2ip 02896
Director Name SUSAN NORDSTROM		Director Name JAMES ROWE			
Street Address 78 TAYlor Dr		Street Address 14 Woodlawn Rd			
North Smithheld 9. registered agent in r	RI Zip 0289 (HODE ISLAND	North Smith	<u>^ 1 1 </u>	State R1	02856
This information is currently of	record in the Office of the Secretary of St	ate. Changes require filir	ig of Form	641 - R.I.G.L. 7-6-13/7	7-6-78
	be signed by either the President, Vice Pr				

	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 6-30-09	statements contained herein are true and correct. 6-26-07		
Check No	Signature of Officer Date TAMES A. ROWE		
_{ву:}	Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	TRESUTE P		