

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 2010

401.2

Filing Period: 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 property for af \$25.00

| penalty fee of \$25.00. | | | | , | | | |
|---|--|----------------------------------|-------------------------------------|-----------------------------|------------------------|--|--|
| 1 Corporate ID No. | 2. Name of Corp | 2. Name of Corporation | | | | | |
| 135033 | Friends of l | Friends of Lady Northmen, Inc. | | | | | |
| 3. State of Incorporation | 4. Corporate ad | dress in Rhode Island - Street / | Address | City | Zip | | |
| Rhode Island | C/O 56 PIN | NE STREET | | Providence, RI | 02903 | | |
| 5. Foreign corporation, Enle | ion. Enter principal office address City | | City | State | Zip) | | |
| 6. Brief Description of the char | acter of the affairs which | th are actually conducted in Ri | bode Island | | | | |
| To establish and mainta | ain an amateur yo | uth hockey league or sk | kating team. | | | | |
| 7. NAMES AND ADDRE | SSES OF THE OF | FICERS: ("ẋ" BOX FOR A | TTACHMENT) 🔲 FILL IN SPACE | ES BEFORE USING ATTAC | HMENTS | | |
| President Name | | | Vice President Name | | | | |
| Jennifer LoBello | | | Michael Dube | | | | |
| Street Address | | | Street Address | | | | |
| 32 Summit Avenue | | | 236 Mattity Road | | | | |
| City | State | Zip | City | State | Zip | | |
| North Smithfield | RI | 02896 | North Smithfield | RI | 02896 | | |
| Secretary Name Lisa Salisbury | | | Treasurer Name Barbara Mandeville | | | | |
| Street Address 4 Pine Hill Rd. | | | Street Address 72 Ferrier St. | | | | |
| City | State | Zip | City | State | Zip | | |
| North Smithfield | RI | 02896 | North Smithfield | RI | 02896 | | |
| 8. NAMES AND ADDRE | SSES OF THE DIF | RECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN SPACE | ES BEFORE USING ATTAC | CHMENTS | | |
| THE NUMBER OF DIRE | ECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION <u>SHALL N</u> | <u>OT BE LESS THAN THRE</u> | E (3). R.I.G.L. 7-6-23 | | |
| Director Name | | | Director Name | | | | |
| Jennifer LoBello | | | Michael Dube | | | | |
| Street Address | | | Street Address | | | | |
| 32 Summit Avenue | | | 236 Mattity Road | | | | |
| City | State | Zip | City | State | Zip | | |
| North Smithfield | RI | 02896 | North Smithfield | RI | 02896 | | |
| Director Name Lisa Salisbury | irector Name | | Director Name Barbara Mandeville | | | | |
| Street Address 4 Pine Hill Rd. | | • | Street Address 72 Ferrier St. | | | | |
| City | State | Zip | City | State | Zip | | |
| North Smithfield 9. REGISTERED AGENT | RI IN RHODE ISLA | 02896 ND | North Smithfield | RI | 02896 | | |
| This information is curre | ntly of record in th | e Office of the Secretary of | 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, Vic | e President, Secretary, Assistant | Secretary, Treasurer, Rece | iver or Trustee | | |

| | 135033 | Under penalty of perjury. I declare and affirm the | |
|---|-------------------------------|--|---------------------|
| File Date Check No By: <u>A</u> 3 | DEC 02 2010 By MYCC 49 P322 | report, including any accompanying schedules and statements contained herein are true and correct. Signafure of Officer Jennifer LoBello Print or Type Name of Officer President | Date |
| FOI | R SECRETARY OF STATE USE ONLY | Title of Officer | Form 631 Rev. 09/17 |