

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 Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGISLY IN BLA

1. Corporate ID No.	2. Name of Corp	poration	 			
145608	Rhode Island High School Hockey Coaches Association, Inc					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address City			Zip		
RHODE ISLAND	3 Indigo Fa	arm Road	•	Harrisville	02830	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	cter of the affairs whic	ch are actually conducted in R	bode Island		<u></u>	
To raise & distribute mo	ney for purposes	of giving College schol	arships to RI High School st	udents	. .	
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	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	ACES BEFORE USING ATT	ACHMENTS OF	
President Name			Vice President Name			
Mark Andreozzi			None	None		
Street Address			Street Address			
17 Twins Lane	State	7/6	271			
North Providence	RI	Zip	City	State	沙 星 美名之	
Secretary Name	I IVI	02904		<u>_</u>	<u> </u>	
Larry Tremblay			Treasurer Name Bill Nangle			
Street Address			Street Address			
25 Taber Avenue			3 Indigo Farm Road			
City	State	Zip	City	State	Zip	
Providence	Ri	02906	Harrisville	RI	02830	
8. NAMES AND ADDRES			ATTACHMENT) FILL IN SP	ACES BEFORE USING ATT	UZOOU 'ACHMENTS	
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN THE	REF (3) PICI 7.6.2	
Director Name			VD) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-25 Director Name			
Mark Andreozzi			Bill Nangle			
Street Address			Street Address			
17 Twins Lane			3 Indigo Farm Road			
City	State	Zip	City	State	Zip	
North Providence	RI	02904	Harrisville	Ri	02830	
Director Name			Director Name			
Larry Tremblay			None			
Street Address			Street Address			
25 Taber Avenue						
City	State	Zip	City	State	Zip	
Providence	RI	02906	1		İ	
9. REGISTERED AGENT	IN RHODE ISLAI	ND .		•	•	
This information is current	ly of record in the	Office of the Secretary of	of State. Changes require filing	of Form 641 DICL 7.6	1277 6 70	
	 '					
This report m	ust be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee	
		FILE	'n			

1 45608	By 05	Under penalty of perjury, I declare and affirm that I have examined this
File Date	- 137078 -	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. ** ** ** ** ** ** ** ** **
By:FOR SECRETARY OF STATE USE ONLY	-	Bill Nangle Print or Type Name of Officer Treasurer
TOR SECRETARI OF STATE USE ONLY		Title of Officer