

penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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

Corporate ID No. 2. Name of Corporation 145608 Rhode Island High School Hockey Coaches Association, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zib RHODE ISLAND 3 Indigo Farm Road Harrisville 02830 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 raise & distribute money for purposes of giving College scholarships to RI High School students. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mark Andreozzi None Street Address Street Address 17 Twins Lane State Zip City State North Providence RI 02904 Secretary Name Treasurer Name Larry Tremblay Bill Nangle Street Address Street Address 25 Taber Avenue 3 Indigo Farm Road City State Zip City State Providence lrı 02906 Harrisville RI 02830 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 Mark Andreozzi Bill Nangle Street Address Street Address 17 Twins Lane 3 Indigo Farm Road State ZipState ZiDNorth Providence RI 02904 Harrisville RI 02830 Director Name Director Name Larry Tremblay None Street Address Street Address 25 Taber Avenue City State ZipCity State Zip Providence lrı 02906 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 | |
|---------------------------------|--|
| 145608 FEB 11 2011 37698 | 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 | statements contained herein are true and correct. |
| Check No | Signature of Officer Date Bill Nangle Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | Treasurer Title of Officer Form 631 Rev. 09/17 |