RI SOS Filing Number: 201294567600 Date: 07/10/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012-13

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
31098	Rhode Island Panthers Girls Ice Hockey
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I	Girls & Women's Ice Hockey Club Program

5. Principal office address	City	State	Zip
158 FIAT AVE	CRANSTON	RI	02910

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
FRED Miller	NONE
Street Address: 158 FIAT AVE	Street Address:
City: CRANSTON State: RI Zip: 02910	City: State: Zip:
Secretary Name	**Treasurer Name**
NONE	FRED Miller
Street Address:	Street Address: 158 FIAT AVE
City: State: Zip:	City: CRANSTON State: RI Zip: 02910

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Michelle LeRoy	Ross Koretsky
Street Address: 29 OAKLAND Rd.	Street Address: 21 PHENIX Ridge Rd
City: N. SmithFIELD State: RI Zip: 02896	City: CRANSTON State: RI Zip: 02921
Director Name	**Director Name**
Philip Lyman	NONE
Street Address: 386 BLUE Ridge Rd.	Street Address:
City: WARWICK State: RI Zip: 02886	City: State: Zip:

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2012 JUL 10 AM 11:30

FILED 1130
JUL 10 2012

File Date _____
Check No _____
By: _____
BY 174526

FOR SECRETARY OF STATE USE ONLY

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.

Frederick Miller 7/4/12
Signature of Officer Date

FREDERICK MILLER
Print or Type Name of Officer

PRESIDENT / TREASURER
Title of Officer

Form No. 631
Revised: 05/2012
80789-2-766856