



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000063905

2. Name of Corporation CUMBERLAND YOUTH ATHLETIC COUNCIL

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3449 MENDON ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OPTIMIZE THE AVAILABILITY AND QUALITY OF YOUTH RECREATIONAL PROGRAMS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER LOCKEY	3449 MENDON ROAD CUMBERLAND, RI 02864 USA
SECRETARY	THOMAS HAYDEN	762 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA
PRESIDENT	JOE VELA	75 POUND ROAD CUMBERLAND, RI 02864- USA
DIRECTOR	MICHAEL VERGANO	12 CRESTWOOD COURT CUMBERLAND, RI 02864 USA
DIRECTOR	JOSEPH VELA	75 POUND ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	DENISE MARSHALL	61 SONNY DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JOSEPH CARREIRO	P.O. BOX 7964 CUMBERLAND, RI 02864 USA
DIRECTOR	JOSEPH GEISELMAN	P.O. BOX 7964 CUMBERLAND, RI 02864 USA
DIRECTOR	SCOTT SCHMITT	33 WINDSONG ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	CRAIG BLOOMER	P.O. BOX 7505 CUMBERLAND, RI 02864 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PETER S. LOCKEY 3449 MENDON ROAD CUMBERLAND , RI 02864

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

Signed this 15 Day of July, 2012 at 12:47:04 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PETER LOCKEY
Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

