



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**

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. 000026760		2. Exact name of the Corporation EDGEWOOD, R.I. HOCKEY ASSOCIATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island YOUTH HOCKEY PROGRAM			
5. Principal office address 560 COMSTOCK PKWY		City CRANSTON		State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANDREW GIULIANO		Vice-President Name MICHAEL SOSCIA			
Street Address 560 COMSTOCK PKWY		Street Address 24 LANTERN LANE			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name JASON MERTZ		Treasurer Name PAUL FERA			
Street Address 35 LEMIS ST		Street Address 77 BEECHWOOD DR			
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANDREW GIULIANO		Director Name MICHAEL SOSCIA			
Street Address 560 COMSTOCK PKWY		Street Address 24 LANTERN LANE			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name JASON MERTZ		Director Name TROY THIBODEAU			
Street Address 35 LEMIS ST		Street Address 34 SUNSET TERRACE			
City COVENTRY	State RI	Zip 02816	City CRANSTON	State RI	Zip 02905
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

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

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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.

Signature of Officer **ANDREW GIULIANO** Date **02/21/2013**

Print or Type Name of Officer

PRESIDENT

Title of Officer