



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 **2013**

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. 27072		2. Exact name of the Corporation Barrington Pop Warne			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Youth Football and Cheer organization			
5. Principal office address 27 Manning Drive		City Barrington	State RI	Zip 02806	RECEIVED STATE SECRETARY OF CORPORATIONS DIV 2013 JUN - 7 PM 12:03
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Miller		Vice-President Name David J. Bonney			
Street Address 27 Manning Drive		Street Address 30 Bluff Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name David L. Carpenter		Treasurer Name Sandra Norris			
Street Address 15 Carpenter Avenue		Street Address 90 Martin Avenue			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jonathan Adamson		Director Name Pat Martel			
Street Address 1 Meadowbrook Drive		Street Address 8 Freebody Street			
City Barrington	State RI	Zip 02806	City Newport	State RI	Zip 02840
Director Name Erica Manlove		Director Name Todd Rywolt			
Street Address 610 Maple Ave		Street Address 1 Highview Avenue			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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

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.

FILED *m*

Sandra Norris 6-4-13
 Signature of Officer Date

Sandra Norris

Print or Type Name of Officer

Treasurer

Title of Officer

JUN - 7 2013
 BY *CM 198849*
 12:03