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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV. 2013 JUN -7 PM 12:03

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

FILED JUN - 7 2013 BY 198849 12:03

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.

Sandra Norris 6-4-13
Signature of Officer Date

Sandra Norris
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012

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