RI SOS Filing Number: 201323872570 Date: 06/14/2013 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 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.	2. Exact name of the Corporation
26565	East Prov. Hockey Association
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Advancement of Youth Hockey

5. Principal office address	City	State	Zip
36 Hood Avenue	Rumford	RI	02916

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

President Name	Vice-President Name
Ken Mace	Richard Pacheco
Street Address: 17 Cushman Ave.	Street Address: 22 Cushman Ave.
City: E. Providence, State: RI, Zip: 02914	City: E. Prov., State: RI, Zip: 02914
Secretary Name	**Treasurer Name**
Daniel Pacheco	Anthony Gomes, JR.
Street Address: 125 Crown Ave.	Street Address: 36 Hood Ave.
City: Riverside, State: RI, Zip: 02915	City: Rumford, State: RI, Zip: 02916

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
Jeffrey Mace	Mark Saveory
Street Address: 74 Chelsea Dr.	Street Address: 65 Brook Ave.
City: Seekonk, State: MA, Zip: 02771	City: Riverside, State: RI, Zip: 02915
Director Name	**Director Name**
Mark Gomes	
Street Address: 36 Hood Ave.	Street Address
City: Rumford, State: RI, Zip: 02916	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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 14 2013
BY 1360

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.

Mace 6-11-13
Signature of Officer — Date

Kenneth Mace
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012

93592-20-864472