



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. 000484959		2. Exact name of the Corporation CUMBERLAND Youth Hockey League Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HOCKEY LEAGUE			
5. Principal office address 53 Willis Drive		City CUMBERLAND	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name EDWARD F RITCHIE			Vice-President Name JOSEPH RZEMZEN		
Street Address 53 Willis DR.			Street Address 6 MAGNOLIA LANE		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
Secretary Name CHRISTINA PARKER			Treasurer Name BRIAN BERNARDO		
Street Address 82 ENGLAND ST			Street Address 4 BUCKBOARD DR.		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name EDWARD RITCHIE			Director Name BRIAN BERNARDO		
Street Address 53 Willis DR.			Street Address 4 BUCKBOARD DR.		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
Director Name JOSEPH RZEMZEN			Director Name CHRISTINA PARKER		
Street Address 6 MAGNOLIA LANE			Street Address 82 ENGLAND ST		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
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 BY _____	

FILED

JUL 17 2013

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: ELL Date: 7/15/13

Print or Type Name of Officer: EDWARD F RITCHIE

Title of Officer: PRESIDENT

Non-Profit Corporation Annual Report Attachment

Continuation of Officers

Web Director

Ed Noel
105 Abbott Run Valley Road
Cumberland, RI 02864

FILED
JUL 17 2013
BY 484959