



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. 000713850		2. Exact name of the Corporation AMERICAN YOUTH RUGBY LEAGUE ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO DEVELOP A COMPREHENSIVE YOUTH RUGBY LEAGUE PROGRAM			
5. Principal office address 240 ALPINE ESTATES DR		City CRANSTON		State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LAWRENCE P ALMAGNO JR		Vice-President Name			
Street Address 15 ARMSTRONG ST FLR 2 UNIT 2		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name		Treasurer Name MICHAEL J KELLY			
Street Address		Street Address 157 GEORGE ARDEN AVE			
City	State	Zip	City WARWICK	State RI	Zip 02886
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 LAWRENCE P ALMAGNO JR		Director Name MICHAEL J KELLY			
Street Address 15 ARMSTRONG ST FLR2 UNIT 2		Street Address 157 GEORGE ARDEN AVE			
City PROVIDENCE	State RI	Zip 02903	City WARWICK	State RI	Zip 02886
Director Name ERIC P HALL		Director Name			
Street Address 67 HENDRICK ST		Street Address			
City PROVIDENCE	State RI	Zip 02921	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

DEC 03 2013

BY 1149/30

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.

	11/29/2013
Signature of Officer	Date
MICHAEL J KELLY	
Print or Type Name of Officer	
TREASURER	
Title of Officer	