



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000793095

2. Name of Corporation BHSHA, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2 PURITAN DRIVE

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SUPPORT THE BARRINGTON RHODE ISLAND HIGH SCHOOL HOCKEY PROGRAM AND ITS PLAYERS.

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY J HALL	2 PURITAN DRIVE BARRINGTON, RI 02806 USA
TREASURER	COLETTE FAY	8 VALENTINE DR. BARRINGTON, RI 02806 USA

SECRETARY	JULIE G VANIER	16 HUMPHREYS ROAD BARRINGTON, RI 02806 USA
VICE PRESIDENT	JOHN KRAUNELIS	12 HIGH STREET BARRINGTON, RI 02806 USA
DIRECTOR	PATRICK CLEGG	WALNUT ST. BARRINGTON, RI 02806 USA
DIRECTOR	JOHN CALITRI	26 STANLEY BARRINGTON, RI 02806 USA
DIRECTOR	DEVON EGGE	24 JOANN DRIVE BARRINGTON, RI 02806 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TIMOTHY J. MORGAN, ESQ. 33 COLLEGE HILL ROAD, SUITE 15 WARWICK , RI 02886

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 22 Day of May, 2014 at 11:31:46 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TIMOTHY J HALL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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