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. 000113078

2. Name of Corporation Bristol-Mt. Hope Hockey Alumni Association Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 175 VERNON STREET
City or Town: WARREN State: RI Zip: 02885 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

TO PROVIDE SCHOLARSHIP ASSISTANCE, SUPPORT SERVICES FOR YOUTH HOCKEY DEVELOPMENT PROGRAMS, ETC.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	ALAN FERREIRA	72 BENEDICT STREET RIVERSIDE, RI 02915 USA
PRESIDENT	JOSEPH CRUZ III	175 VERNON STREET WARREN, RI 02885- USA

DIRECTOR	TIMOTHY PRAY	23 BEAVER ROAD BARRINGTON, RI 02806 USA
DIRECTOR	PATRICK MCGINN	22 POND STREET REHOBOTH, MA 02769 USA
DIRECTOR	JEFFREY DAY	33 ANTONY AVENE BRISTOL, RI 02809 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

JOSEPH CRUZ, III 175 VERNON STREET WARREN , RI 02885-

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

Signed this 18 Day of July, 2014 at 10:27:01 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 ALAN FERREIRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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