

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

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAI	LURE TO FILE	THIS REPORT BY	IULY 30 WILL RESULT IN A \$2	5.00 PENALTY	FEE.		
1. Entity ID No.	2. Exact name of the Corporation						
	SOUTH	ERN NEW EX	IGLAND ASSOCIATION	OF			
872409		PROFESSIONAL DISC DOCKEYS.					
3. State of Incorporation	4. Brief descript	ion of the character of I	ousiness conducted in Rhode Island				
	Socia	r chub and	EDUCATION				
RHODE ISLAND							
5. Principal office address	•		City	State	Zip		
/ ROCK AVENUE			PRINTUCKET	RI	08861		
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR A	TTACHMENT)	131.31 2.121.451. 11.4			
President Name		Vice-President Name					
RICHARD MUGGLE SR.			DAULO TRIMOLER				
Street Address				Street Address			
120 HUNTS AV	E		178 RIVERSID	= AUF			
City	State	Zip	City	State	Zip		
PAWTUCKET	RI	02861	WARWICK	RI	02889		
Secretary Name	•	•	Treasurer Name				
CHRIS BERTIN	4×//)		RICHARD MUGGLE TR				
Street Address			Street Address				
I LAWN STREE	た 。		I ROCK AUF NO	v Æ			
City	State	Zip	City / ROCK AUENO	State	Zip		
CUMBERLAND	RI	02864	PAUTUCILET	PEL	98861		
			ID CORPORATIONS MUST LIST N	NO LESS THAN	THREE (3) DIRECTORS		
Director Name			Director Name				
Richard MUGGLE SR.							
Street Address			Street Address				
124 144 75 045	5.1/15				_		
City	State	Zip	City	State	Zip		
PAWTUCKET	RI	02861	WARWICK	RI	12-2000		
Director Name		10000	Director Name	/	100007		
CHRIS BERTRAN) ()		RICHARD MUG	GLE TR			
Street Address			Street Address				
I LAWN STREE	·τ		1 BOCK AVENUA	F .			
City	State	Zip	City	State	Zip		
CUMBERLAND.	RI	02864	PAUTUCKET	IZI	02861		
8. REGISTERED AGENT IN RHO	DE ISLAND		化三元子 经分子的 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	是 医胸 进制的	SERVICE CONTRACTOR		
		fice of the Secretary	of State. Changes require filing Fo	rm 641.			
			ary, Assistant Secretary, Treasurer, c		epresentative, Receiver		
or Trustee	•		,	•	, , , ,		
							

	FILED	Under penalty of perjury, I declare and affirm that	I have examined	
File Date	_NOV 2 1 2014	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No IZ AON MOZ B	v23706	Soula Mul S.	11/01/2014	
FOR SECRETARY OF STATE PSP (1987)	A.A.	Signature of Officer or Authorized Representative	Date	
Form No. 631 31415 10 XNAT3803S Revised: 04/2014		Print or Type Name of Officer or Authorized Represen	 ntative	