



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 152844		2. Exact name of the Corporation GREATER PAWTUCKET UMPIRE ASSOC. (GPUA)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDE UMPIRE SERVICES TO YOUTH BASEBALL LEAGUES			
5. Principal office address 2882 DIAMOND HILL RD		City CUMBERLAND	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JACK DIAS		Vice-President Name PAUL BLAKE			
Street Address 2882 DIAMOND HILL RD		Street Address 40 OAK HILL DRIVE			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name NONE		Treasurer Name THOMAS B. ROBERTS			
Street Address		Street Address 84 RHODE ISLAND AVE			
City	State	Zip	City PAWTUCKET	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 type="checkbox"/>					
Director Name ROBERT TORREY		Director Name JOHN GUIDA			
Street Address 83 WARREN AVE APT 4		Street Address 21 COLVIN ST			
City PAWTUCKET	State RI	Zip 02860	City ATTLEBORO	State MA	Zip 02708
Director Name MICHAEL CONCA		Director Name NONE			
Street Address 1803 MINERAL SPRING AVE UNIT 13		Street Address			
City NORTH PROV	State RI	Zip 02904	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, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 11 2015

BY **5839252**

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.

Thomas B. Roberts 17 MAY 15
Signature of Officer or Authorized Representative Date

THOMAS B. ROBERTS (GPUA) TREASURER
Print or Type Name of Officer or Authorized Representative