



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. (GPIA)			
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 1 MAY 15
 Signature of Officer or Authorized Representative Date
THOMAS B. ROBERTS (GPIA) TREASURER
 Print or Type Name of Officer or Authorized Representative

2015 MAY - 1 AM 9:28
 SECRETARY OF STATE
 CORPORATION DIVISION