



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. 123737		2. Exact name of the Corporation Rock-N-Jock Charities			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island nonprofit which raises monies to assist children and families with life-threatening illnesses and live in Rhode Island			
5. Principal office address 36 Silver Birch Road		City Warwick	State RI	Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michel Gilbert			Vice-President Name William Geary Jr.		
Street Address 36 Silver Birch Road			Street Address 66 Pond View Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
Secretary Name Suzanne Viner			Treasurer Name Mark Constantine		
Street Address 1 Pond View Drive			Street Address 21 Wyndcliff Drive		
City Warwick	State RI	Zip 02886	City Saunderstown	State RI	Zip 02874
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 John Sutherland III			Director Name John Cafferty		
Street Address 1521 Camden Park Drive			Street Address P.O. Box 960		
City Windermere	State FL	Zip 34788	City Charlestown	State RI	Zip 02813
Director Name Stephen E. Smith			Director Name		
Street Address 47 John Mowry Road			Street Address		
City Smithfield	State RI	Zip 02917	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

FILED

File Date _____

JUN 04 2015

Check No _____

By: _____ **BY 1660**

FOR SECRETARY OF STATE USE ONLY

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.

6/2/2015

Signature of Officer or Authorized Representative

Date

Michel Gilbert Chairman/CEO

Print or Type Name of Officer or Authorized Representative