



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:** 2015

**1. Corporate ID No.** 000145608

**2. Name of Corporation** Rhode Island High School Hockey Coaches Association, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 3 WEST LAKEVIEW DR

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 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 RAISE AND DISTRIBUTE MONEY FOR PURPOSES OF GIVING COLLEGE  
SCHOLARSHIPS TO RHODE ISLAND HIGH SCHOOL STUDENTS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	BILL BRYANT	7 OLD HAMRONY DRIVE SCITUATE, RI 02857 USA
TREASURER	DR MARK JOSPEH ANDREOZZI	3 WEST LAKEVIEW DR NORTH PROVIDENCE, RI 02904 USA

SECRETARY	TOM BERARD	12 GIBLIN LN COVENTRY, RI 02816 USA
VICE PRESIDENT	ROBERT JACKSON	7 TIPPLING ROCK ROAD SMITHFIELD, RI 02828 USA
DIRECTOR	LEN KIERNAN	50 FIFTH ST EAST GREENWICH, RI 02818 USA
DIRECTOR	TOM BERARD	12 GIBLIN LN COVENTRY, RI 02816 USA
DIRECTOR	BILL BRYANT	7 OLD HAMRONY DRIVE SCITUATE, RI 02857 USA
DIRECTOR	ROBERT JACKSON	7 TIPPLING ROAD SMITHFIELD , RI 02828 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**

MARK ANDREOZZI 17 TWINS LANE NORTH PROVIDENCE , RI 02904

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

**Signed this 16 Day of June, 2015 at 11:27:21 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 DR. MARK J. ANDREOZZI  
Signature of Authorized Person

Form No. 631  
Revised 09/07