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.	2. Exact name of the Corporation
794777	Cranston West Boys Hockey Booster Club
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To raise funds for the purpose of paying expenses associated with operating a boys high school hockey program

5. Principal office address	City	State	Zip
116 Amsterdam Avenue	Warwick	RI	02889

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Michael J Boyajian, Sr			Matthew Brannon		
Street Address			Street Address		
116 Amsterdam Avenue			98 Longview Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Cranston	RI	02920
Secretary Name			Treasurer Name		
Matthew Brannon			None		
Street Address			Street Address		
98 Longview Drive					
City	State	Zip	City	State	Zip
Cranston	RI	02920			

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Michael J Boyajian, Sr			Matthew Brannon		
Street Address			Street Address		
116 Amsterdam Avenue			98 Longview Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Cranston	RI	02920
Director Name			Director Name		
Kenneth Fogarty					
Street Address			Street Address		
51 Hilton Road					
City	State	Zip	City	State	Zip
Warwick	RI	02889			

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 _____ FILED

By: _____

FOR SECRETARY OF STATE USE ONLY JUN 19 2015

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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.

Michael Boyajian 6/16/15
Signature of Officer or Authorized Representative Date

Michael J Boyajian, Sr
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122186-2-1044335