



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 2014

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. 95297		2. Exact name of the Corporation Newport County Youth Hockey Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Local youth hockey Association			
5. Principal office address 1151 Aquidneck Avenue Box 408		City Middletown	State RI	Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank Toner			Vice-President Name John Stahl		
Street Address 1151 Aquidneck Avenue Box 408			Street Address 1151 Aquidneck Avenue Box 408		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name M.J. Bregenhoj			Treasurer Name Jennifer Lopes		
Street Address 1151 Aquidneck Avenue Box 408			Street Address 1151 Aquidneck Avenue Box 408		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 FRANK TONER			Director Name John Stahl		
Street Address 1151 Aquidneck Avenue Box 408			Street Address 1151 Aquidneck Avenue Box 408		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Jennifer Lopes			Director Name M.J. Bregenhoj		
Street Address 1151 Aquidneck Ave Box 408			Street Address 1151 Aquidneck Ave Box 408		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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

10:29 AM

FILED

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.

File Date _____

Check No 52-0144 8-330 510.
 By: _____

DEC 03 2015

By 262484

Jennifer Lopes
 Signature of Officer or Authorized Representative Date 11-4-15

FOR SECRETARY OF STATE USE ONLY

KM Jennifer Lopes
 Print or Type Name of Officer or Authorized Representative