



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 Assoc.			
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 Ave			City Middletown	State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin Sullivan			Vice-President Name Brad Read		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Paul Grimes			Treasurer Name Timothy Burns		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
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 Kevin Sullivan			Director Name Brad Read		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Timothy Burns			Director Name Franc Toner		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
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, Receiver or Trustee

10:25 AM

FILED

DEC 03 2015

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

By: **262484**

Signature of Officer

7/18/13
Date

Timothy P. Burns
Print or Type Name of Officer

Treasurer
Title of Officer