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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
95473	Rhode Island Ultimate Players Association, Inc.

3. Principal office address	City	State	Zip
45 Park Place	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
401-729-4600	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Conduct all affairs of Rhode Island Ultimate Frisbee

7. LIST ALL OFFICERS (NAMES AND ADDRESSES)

President Name	Vice-President Name
Stephen Wilson	David Toohey
Street Address: 20 Dalton Street	Street Address: 19 Chapel St
City: Cumberland; State: RI; Zip: 02916	City: Warwick; State: RI; Zip: 02886
Secretary Name	**Treasurer Name**
MATTHEW Brien	William Binder
Street Address: 45 Park Place	Street Address: 703 Lorimer Ave
City: Pawtucket; State: RI; Zip: 02860	City: Providence; State: RI; Zip: 02906

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" IF NONE)

Director Name	Director Name
None	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
None		None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

1-21-16
Signature of Authorized Representative — Date

MATTHEW Brien, Secretary
Print or Type Name of Authorized Representative

Fee Paid: ____
Check No. ____
By: ____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 25 2016
BY 350

Form No. 630
Revised 01/2012-2102165