RI SOS Filing Number: 201600715080 Date: 06/15/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
139241	**Friends of Mariner Hockey, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	To organize, fund and equip a high school hockey team for Narragansett High School, Narragansett, Rhode Island

5. Principal Office Address	City	State	Zip
1041 Ten Rod Road, Suite B	**North Kingstown**	**RI**	**02852**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Stephen Sterling**			Vice-President Name None		
Street Address **137 Boston Neck Road**			Street Address		
City **Narragansett**	State **RI**	Zip **02882**	City	State	Zip
Secretary Name **Sharon McGreen**			Treasurer Name **Robert J. Donnelly**		
Street Address **811 Boston Neck Road**			Street Address **171 Indian Trail**		
City **Narragansett**	State **RI**	Zip **02882**	City **Saunderstown**	State **RI**	Zip **02874**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Stephen Sterling**			Director Name **Sharon McGreen**		
Street Address **137 Boston Neck Road**			Street Address **811 Boston Neck Road**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**
Director Name **Robert J. Donnelly**			Director Name		
Street Address **171 Indian Trail**			Street Address		
City **Saunderstown**	State **RI**	Zip **02874**	City	State	Zip

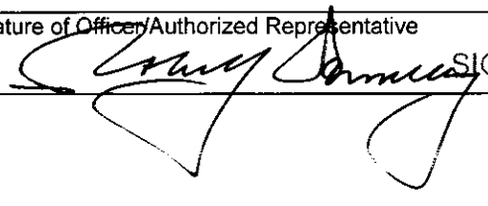
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Robert J. Donnelly	June 7 , 2016

Signature of ~~Officer~~/Authorized Representative



FILED
JUN 15 2016
BY KL 336

Form No. 631
Revised: 2016
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