



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 29440		2. Name of Corporation Warwick Police Athletic League			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 80 Bend St.		City Warwick	Zip 02889
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Non-Profit Education and Athletic League for Youth Ages 5 to 18					
President Name Diane Ledoux			Vice President Name John Tolento		
Street Address 12 Sunnyside Dr.			Street Address 99 Veterans Memorial Dr.		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Secretary Name Caren Columbi			Treasurer Name Kevin Conway		
Street Address 252 Longmeadow Ave.			Street Address 28 Silver Lake Ave.		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02888
Director Name John T. Paliotte			Director Name Gerry McKinney		
Street Address 80 Bend St.			Street Address 4 Chicory Ln.		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02921
Director Name Paul White			Director Name Eric Rollinson		
Street Address 2889 Warwick Ave.			Street Address 25 Timber Trail		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
Agent Name John T. Paliotte			Address 80 Bend St.		
Address P.O. Box 9157			City Warwick	Zip 02889	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

FILED

JUN 15 2016

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 631 Rev. 12/06