



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000131767

**2. Name of Corporation** South County Blades

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 11 WHISPER LANE

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ORGANIZE AND EQUIP A JOINT HIGH SCHOOL CLUB HOCKEY TEAM FOR THE TOWNS OF NARRAGANSETT AND SOUTH KINGSTOWN, RI, TO PARTICIPATE IN YOUTH CLUB HOCKEY GAMES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROSE BOYNTON	11 WHISPER LANE WEST KINGSTON, RI 02892 USA
VICE PRESIDENT	DAVID A DEBLOIS	5 DEER RIDGE WAY

		WAKEFIELD, RI 02879 USA
SECRETARY	JULIE M SMITH	34 LOCUST DRIVE KINGSTON, RI 02881 USA
TREASURER	ROSE BOYNTON	11 WHISPER LANE WEST KINGSTON, RI 02892 USA
DIRECTOR	DAVID A DEBLOIS	5 DEER RIDGE WAY WAKEFIELD, RI 02879 USA
DIRECTOR	JULIE M SMITH	34 LOCUST DRIVE KINGSTON, RI 02881 USA
DIRECTOR	THOMAS E MAHONEY	246 WOODRUFF AVENUE WAKEFIELD, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS E. MAHONEY 246 WOODRUFF AVENUE WAKEFIELD , RI 02879

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

**Signed this 20 Day of June, 2016 at 12:10:54 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By THOMAS E. MAHONEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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