



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

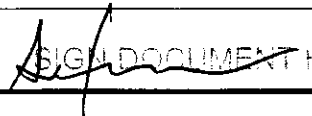
Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 64228		2. Exact name of the Corporation WARWICK UMPIRES ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Maintaining, operating and conducting an association of persons to provide umpiring, officiating and supervisory services for various Rhode Island City and town recreational and amateur softball and baseball leagues.			
5. Principal Office Address 48 Plenty Street		City Warwick		State RI	Zip 02889
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN CARDULLO		Vice-President Name CRAIG ANDREOZZI			
Street Address 36 Service Road		Street Address 31 Keeley Avenue			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Secretary Name STEVE CARMODY		Treasurer Name STEVE CARMODY			
Street Address 48 Plenty Street		Street Address 48 Plenty Street			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name SCOTT CARLSON		Director Name KEN CONTI			
Street Address 345 Potters Avenue		Street Address 131 Moccasin Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Director Name JOHN CARDULLO		Director Name ED GENERALI			
Street Address 36 Service Road		Street Address 75 Harmon Avenue			
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02910
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 STEVE CARMODY Secretary/Treasurer				Date June 17, 2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 20 2016

FORM 631 - Revised: 05/2016

BY 5160 OS

IDENTITY NUMBER - 64228

ATTACHMENT

DIRECTORS

CRAIG ANDREOZZI - 31 Keeley Avenue, Warwick, RI 02886

STEVE CARMODY - 48 Plenty Street, Warwick, RI 02889

FILED

JUN 20 2016

BY 5160PS
64228