



**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 2016**

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. 000158020

2. Name of Corporation Rhode Island USBC Youth Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 33 HARTFORD DRIVE

City or Town: RIVERSIDE

State: RI Zip: 02915 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

PROVIDING EQUAL OPPORTUNITY FOR ALL IN THE SPORT OF BOWLING.
PROMOTING THE GAME OF AMERICAN TENPINS. CONDUCTING AND SUPPORTING
BOWLING COMPETITION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable: please delete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

FILED

JUN 21 2016

BY 0910305

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ED IANNI	198 LAKESIDE AVE WARWICK, RI 02888 USA
VICE PRESIDENT	REBECCA TANGUAY	78 WELFARE AVE WARWICK, RI 02888 USA
DIRECTOR	REBECCA TANGUAY	78 WELFARE AVE WARWICK, RI 02888 USA
Treasurer	Kristie K Barszcz	166 Knollwood Circle North Kingstown, RI 02852 USA
Director	Ed Ianni	198 Lakeside Ave Warwick, RI 02888 USA
Director	Kristie K Barszcz	166 Knollwood Circle North Kingstown, RI 02852 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

TED WALTERS 33 HARTFORD AVENUE RIVERSIDE , RI 02915

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Kristie K Barszcz

Business Name:

No. and Street: 166 Knollwood Circle

City or Town: North Kingstown

State: RI

Zip: 02852

Country: USA

Contact Phone: (401) 269-1733 ext:

Contact Email: krisbarszcz@yahoo.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 16 Day of June, 2016 at 7:27:51 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 Kristie K Barszcz

Signature of Authorized Person



Make Corrections

FILED

JUN 20 2016

BY 091030S

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Accept