



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. 000518463

2. Name of Corporation Friends of Legion Way Rink

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1 HOWARD STREET

City or Town: BARRINGTON

State: RI

Zip: 02806

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

ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND
SCIENTIFIC PURPOSES

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Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID JOHN BONNEY	30 BLUFF RD BARRINGTON, RI 02806 USA
SECRETARY	THOMAS RIMOSHYTUS	1 HOWARD ST BARRINGTON, RI 02806 USA

DIRECTOR	JOHN CALITRI	26 STANLEY AVE BARRINGTON, RI 02806 USA
DIRECTOR	WILLIAM PROULX	17 FOOTE ST BARRINGTON, RI 02806 USA
DIRECTOR	ROBERT HODER	60 ADAMS POINT ROAD BARRINGTON, RI 02806 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 RIMOSHYTUS 1 HOWARD STREET BARRINGTON , RI 02806

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

Signed this 15 Day of July, 2016 at 7:42:46 AM 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 DAVID J. BONNEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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