



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.** 000140670

**2. Name of Corporation** Barrington Girls Hockey Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 214 WASHINGTON RD

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**

TO PROMOTE AMATEUR ATHLETICS IN THE TOWN OF BARRINGTON

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MONIKA B. KELLER	214 WASHINGTON BARRINGTON, RI 02806 US
SECRETARY	KIMBERLY FOURNIER	10 LESLIE DRIVE BARRINGTON, RI 02806 USA
VICE PRESIDENT	KIMBERLY FOURNIER	10 LESLIE AVENUE

DIRECTOR	MONIKA KELLER	BARRINGTON, RI 02806 US 214 WASHINGTON ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DAWN REGO	18 GREG DRIVE BRISTOL, RI 02809 USA
DIRECTOR	DAVID R. PARKHURST	10 LESLIE AVE. BARRINGTON, RI 02806 US

**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**

DAVID STEBENNE 214 WASHINGTON RD 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 29 Day of July, 2016 at 3:17:53 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 MONIKA KELLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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