



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. 000028180

2. Name of Corporation NORTHERN RHODE ISLAND VIKINGS JUNIOR HOCKEY ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 427
City or Town: GREENVILLE State: RI Zip: 02828 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

YOUTH HOCKEY LEAGUE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	BRIAN THEROUX	23 KNIGHT HILL ROAD CLAYVILLE, RI 02815 USA
TREASURER	JAMES QUEENAN	4 DEERHILL DRIVE SMITHFIELD, RI 02917 USA

SECRETARY	DAVID LOMBARDI	179 RIDGE ROAD SMITHFIELD, RI 02917 USA
VICE PRESIDENT	GEORGE ROSE	16 APPLESEED DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	RENEE VUKAS	6 JACKSONIA DRIVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	CINDY BAUMAN	31 PHILLIPS LANE GLOCESTER, RI 02829 USA
DIRECTOR	EDWARD PAYNE	8 ORCHARD AVENUE SMITHFIELD, RI 02828 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**

CHARLES WALSH 16 SOPHIA LANE GREENVILLE , RI 02828

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

Signed this 1 Day of September, 2016 at 11:07:59 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 GEORGE ROSE
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved