

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. 000030602

2. Name of Corporation WOONSOCKET NORTH STARS HOCKEY ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: <u>11 VALLEY STREAM DRIVE</u>

City or Town: CUMBERLAND State: RI Zip: 02864 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

HOCKEY ASSOCIATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JAMES MCMILLEN	11 VALLEY STREAM DRIVE CUMBERLAND, RI 02864 USA
TREASURER	STACEY WHITTON	21 MAPLE AVE NORTH SMITHFILED , RI 02824 USA
SECRETARY	MATT CONNELL	55 WESTWOOD DR

		CUMBERLAND , RI 02864 USA
VICE PRESIDENT	SCOTT TROTTIER	1 SANDY WAY CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES MCMILLEN	11 VALLEY STREAM DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	SCOTT TROTTIER	1 SANDY WAY CUMBERLAND, RI 02864 USA
DIRECTOR	STACEY WHITTON	21 MAPLE AVE NORTH SMITHFILED , RI 02824 USA
DIRECTOR	MATT CONNELL	55 WESTWOOD DR CUMBERLAND, RI 02864 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

JAMES MCMILLEN 11 VALLEY STREAM DRIVE CUMBERLAND, RI 02864

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

Signed this 14 Day of December, 2016 at 12:16:29 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 JAMES MCMILLEN

Signature of Authorized Person

Form No. 631 Revised 09/07

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