



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: **2015**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000911194		2. Exact name of the Corporation Central Rhode Island Knights Youth Hockey Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit youth hockey group			
5. Principal Office Address 342 Main Avenue			City Warwick	State RI	Zip 02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Whelan			Vice-President Name		
Street Address 28 Trafford Park Drive			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name William Whelan			Treasurer Name Brian Scott		
Street Address 28 Trafford Park Drive			Street Address 117 Country Club Drive		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02888
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Whelan			Director Name Ellsha Jefferson		
Street Address 28 Trafford Park Drive			Street Address 99 Potomac Road		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02888
Director Name Brian Scott			Director Name		
Street Address 117 Country Club Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative William Whelan, President					Date
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED *[Handwritten Signature]*
 4/4/17

APR 05 2017

BY *[Handwritten Signature]* 200320 3:53

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov