



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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 APR -5 PM 3:48

Annual Report for the year:
Non-Profit Corporation

2017

- 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 000799368		2. Exact name of the Corporation USA CHESS KIDS INC	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to promote the game of chess	
5. Principal Office Address 56 ARDEN COURT		City WARWICK	State RI
		Zip 02889	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GEORGE E SAMMONR		Vice-President Name JANET Z MOLINA	
Street Address 56 ARDEN COURT		Street Address 201 GEORGE ARDEN AVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02886	
Secretary Name YVON ZAMORA		Treasurer Name MARGARET HASBUN	
Street Address 56 ARDEN COURT		Street Address 56 ARDEN COURT	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
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 GEORGE E SAMMONR		Director Name JANET Z MOLINA	
Street Address 56 ARDEN COURT		Street Address 201 GEORGE ARDEN AVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02886	
Director Name ROSANNA MORENO		Director Name MARGARET HASBUN	
Street Address 56 ARDEN COURT		Street Address 56 ARDEN COURT	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative GEORGE E. SAMMONR			Date 4/5/2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			FILED

APR 05 2017

By **300028**

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