



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

Annual Report for the year: **2017**

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 <b>791418</b>		2. Exact name of the Corporation <b>JWK Hockey, Inc.</b>							
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <i>Provide financial assistance to individuals, high school special olympics to promote physical activity, especially, hockey.</i>							
4. NAICS Code <b>813319</b>									
6. Principal Office Address <b>80 Houston Avenue</b>				City <b>Narragansett</b>		State <b>RI</b>		Zip <b>02882</b>	
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
President Name <i>Jo Anne C. Kennedy</i>				Vice-President Name					
Street Address <i>80 Houston Ave.</i>				Street Address					
City <i>Narragansett</i>		State <i>R.I.</i>		Zip <i>02882</i>		City		State	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City		State	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
Director Name <i>Jo Anne C. Kennedy</i>				Director Name <i>Kimberly Kennedy</i>					
Street Address <i>80 Houston Ave.</i>				Street Address <i>932 Courtway</i>					
City <i>Narragansett</i>		State <i>R.I.</i>		Zip <i>02882</i>		City <i>San Diego</i>		State <i>Calif</i>	
Director Name <i>Kristen Kennedy</i>				Director Name <i>John B. Conaty</i>					
Street Address <i>6223 Brooklyn Ave. N.E.</i>				Street Address <i>90 Willett Ave.</i>					
City <i>Seattle</i>		State <i>Wash.</i>		Zip <i>98115</i>		City <i>Riverside</i>		State <i>R.I.</i>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.									
<b>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.</b>									
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>									
Name of Officer/Authorized Representative <i>Jo Anne C. Kennedy</i>							Date <i>5/25/17</i>		
Signature of Officer/Authorized Representative <i>Jo Anne C. Kennedy</i>									

SIGN DOCUMENT HERE

**FILED**

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

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FORM 631 - Revised: 05/2017