



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>26565</b>		2. Exact name of the Corporation <b>East Providence Hockey Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Advancement of youth hockey</b>			
4. NAICS Code <b>624110 - Child and Youth Servi</b>					
6. Principal Office Address <b>125 Crown Avenue</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</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 <b>Ken Mace</b>			Vice-President Name <b>Richard Pacheco</b>		
Street Address <b>17 Cushman Avenue</b>			Street Address <b>22 Cushman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Daniel Pacheco</b>			Treasurer Name <b>Daniel Pacheco</b>		
Street Address <b>125 Crown Avenue</b>			Street Address <b>125 Crown Avenue</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
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 <b>Christine Reposa</b>			Director Name <b>Mark Saveory</b>		
Street Address <b>23 Wingate Road</b>			Street Address <b>65 Brook Avenue</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Jeffrey Mace</b>			Director Name		
Street Address <b>74 Chelsea Drive</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
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 <b>Daniel Pacheco</b>					Date <b>7/10/2017</b>
Signature of Officer/Authorized Representative 					

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

**FILED**

JUL 13 2017

BY 138305