RI SOS Filing Number: 201867767640 Date: 5/30/2018 11:03:00 AM

(3)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVERSALE

Annual Report for the year: **Non-Profit Corporation** 

-> Filing period. June 1 - June 30

2018 MAY 30 AH 10: 59

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation				
950839	Eastern Hakey Federation, Inc.				
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
MA	Youth hockey league Administration only.				
4. NAICS Code	<b>'</b>	J .		J	
541611					
6. Principal Office Address		City	State	Zip	
45 Country	lane	Warwick	RI RI	07886	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Jerone	Buckley	Vice-President Name Peter Ferruro			
Street Address 45 Country	45 Country lane		Street Address 36 Racky Hill Rd		
city Wa'WICIL	State RI Zip U2886	City ESSEX	State 11/7	Zip 1929	
Secretary Name Livrui R	enfrac Treasurer Name Dan Fawcett				
Street Address 1510 Manument St		Street Address 1886 Eddu Dowling Hwy			
city Convord	State MA Zip 01742	City N. Snuth field	State	Zin 896	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name	V 20S	Director Name Ben Ewing			
Street Address /UE Belcher Rd		Street Address 20 Bed Fad Park			
city Foxbaro	State 111 P Zip 01929	City Bridgewater	State 1114	Zip 07334	
Director Name John Joyce		Director Name Richard Gallaid			
Street Address 214 Iwd	er st	Street Address Po Box	439		
city Deatham	State MA Zip W24	city Dunstable	State 111A	Zip 01827	
9. 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 Date					
Jen Buckley 5-30-18					
Signature of Officer/Authorized Representative					
MAY 3.0 2018					
MAIL TO: Division of Business Services	X		2/5/7		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11.01 Gro 33/3/7