

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017

RECEIVED
SECRETARY OF STATE
CORPORATIONS PAYAGE

2010 MAY 30 AM 10: 59

Annual Report for the year:

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 | 2. Exact name of the Corporation | | | |
| 950839 | | y Federation, Inc | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | |
| MA | Youth hockey | League Adminis | station. | anly. |
| 4. NAICS Code | ' | J | | J |
| 541611 | | | | |
| 6. Principal Office Address | | City | State | Zıp |
| 45 Country | lane | Warwick | RI | 03886 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | |
| President Name Jerane Buckley | | Vice-President Name PERF FRICERS | | |
| Street Address 45 Courtry lane | | Street Address 26 LCKY 1411 Rd | | |
| City Warwillik | State RI Zip U7886 | City ESSEX | State 11/7 | Zip 1939 |
| Secretary Name Linux R | enfrac | Treasurer Name Dan Fawcett | | |
| Street Address 1510 Manument St | | Street Address 1886 Eddu Quiling Hwy | | |
| City Convoval | State MA Zip 01742 | N. Southfield | State | Zip 896 |
| 8. List ALL directors (names and ac | Idresses). RI Corporations MUST lis | | ck the box to indicate | |
| Director Name Rich TOV 205 | | Director Name Ben Ewing | | |
| Street Address WE Belcher Rd | | Street Address 20 Bed God Park | | |
| Fox boro | State 111 A 210 01929 | City Bridgewater | State 1114 | zip 07374 |
| Director Name John Joyce | | Director Name Richard Galland | | |
| Street Address 214 Iwder St | | Street Address Po Box 439 | | |
| city Deatham | State MA Zip W24 | city Dunstable | State //// | Zip 0/827 |
| 9. Registered Agent in Rhode Island | d. This information is currently of record | in the Department of State. Changes req | uire filing Form 641. | <u> </u> |
| 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, duty Authorized Representative, Receiver or Trustee | | | | |
| Name of Officer/Authorized Representative Date | | | | |
| Jen Buckley | | | 5-3 | W-18 |
| Signature of Officer/Authorized Representative FIED FIED | | | | |
| TILLU TILLU | | | | |
| MAIL TO: Division of Business Services MAY 3 0 2018 | | | | |

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11. 9033/577 FORM 631 - Revised: 11/2017