



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

Annual Report for the year: 2018
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 30035		2. Exact name of the Corporation Rhode Island Duckpin Bowlers Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A volunteer service organization for the sanctioned bowlers of Rhode Island.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 45-2 Lonsdale Street			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Al Zoraian			Vice-President Name Will Rigney		
Street Address 45-2 Lonsdale Street			Street Address 198 Vera Street		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Secretary Name Dan Lacroix			Treasurer Name Ted Millard		
Street Address 385 Harkney Hill Road			Street Address 125 Burt Street		
City Coventry	State RI	Zip 02893	City Norton	State MA	Zip 02766
8. 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 Diane Silvia			Director Name Eric Barnes		
Street Address 6 Sharon Court			Street Address 51 Little Woods Path		
City Newport	State RI	Zip 02840	City Wakefield	State RI	Zip 02879
Director Name Al Copice			Director Name Joe Russo		
Street Address 21 Rathbun Street			Street Address 1811 Warwick Ave., Apt.17-E		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02889
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.					
<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 TED MILLARD / TREASURER					Date 6/8/18
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

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JUN 11 2018

BY 2116 DS