

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

148 W. River Street, Providence, Rhode Island 02904-2013

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE

Filling Period: June 1 - June 30 · This report must be typed or printed legibly.

Filling Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	2. Exact name of the Corporation					
000506295	Ocean S	Ocean State Curling Club, Inc.					
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island To teach, develop, promote, and encourage the sport of curling.					
5. Principal office address 200 Midway Road #200	026		City Cranston	State RI	Zip 02920		
6. LIST ALL OFFICERS (NA President Name David Rosler Street Address	MES AND ADDR	RESSES) ("X" BOX FO	Vice-President Name Jonathan Constantine Street Address				
123 Sheldon Street			64 Myrtle Avenue				
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02886		
Secretary Name Mark Nealley		•	Treasurer Name Janet Prichard				
Street Address 84 Oak Street			Street Address 9 Indigo Farm Road				
City Providence	State RI	Ζιρ 02909	City Harrisville	State RI	Zip 02830		
7. LIST ALL DIRECTORS (N ("X" BOX FOR ATTACHMI		DRESSES). RHODE IS	LAND CORPORATIONS MUST LIS	T NO LESS THAN	THREE (3) DIRECTORS		
Director Name Walter Vincl			Director Name David Kolibaba				
Street Address 60 Dexter Street, Apt. :	25		Street Address 10 Marquette Drive				
City Pawtucket	State RI	Zip 02860	City Warwick	State RI	Zip 02888		
Director Name Bobby Davis	Name		Oirector Name Jamle Bridges				
Street Address 22 Chapin Avenue #2			Street Address 87 Booth Avenue	Street Address			
City Providence	State R1	Zip 02909	City Pawtucket	State RI	Zip 02861		
8. REGISTERED AGENT IN F			any of State. Changes require filling	Form 641	 		
<u></u>			ary of State. Changes require filing acretary, Assistant Secretary, Treasure		Representative Receiver		
i nis report must be signed by	umar me masio	um, vic u- riesiueni, 56	rcretary, Assistant Secretary, Treasure	i, ouly Authorized	noprosomalivo, neceiver		

File Date	this report, including any accompanying schedule	er penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statement that all statements contained herein are true and correct.		
Check No	TOUTE	<12.8/19		
By:	Signature of Officer of Authorized Representative	Date		
FOR SECRETARY OF STATE USE ONLY	David M. Rosler			
Form No. 631	Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014

MAY 29 2019

Attachment to:

Form 631 - Non-Profit Corporation Annual Report for the Year 2019

Entity ID No. <u>000506295</u>

Corporation: Ocean State Curling Club, Inc.

Additional Director for Section 7:

Director Name: Tony Morettini

Street Address: 46 Highland Road

City: Bristol

State: RI

Zip: <u>02809</u>