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

FILED
JUN 07 2019
BY 140

Annual Report for the year: 2019
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
486628	**RIJDL-SOUTH, INC.**
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **Development of youth hockey players and for any other lawful purposes.**
4. NAICS Code **713990**	

6. Principal Office Address	City	State	Zip
21 Garden City Drive	**Cranston**	**RI**	**02920**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Elizabeth Jackson**			Vice-President Name **None**		
Street Address **82 Fischer Circle**			Street Address		
City **Portsmouth**	State **RI**	Zip **02871**	City	State	Zip
Secretary Name **Suzanne Madden**			Treasurer Name **Jeffrey C. Adam**		
Street Address **72 Oak Forest Drive**			Street Address **41 Long Wharf Mall**		
City **Little Compton**	State **RI**	Zip **02837**	City **Newport**	State **RI**	Zip **02840**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Elizabeth Jackson**			Director Name **Suzanne Madden**		
Street Address **82 Fischer Circle**			Street Address **72 Oak Forest Drive**		
City **Portsmouth**	State **RI**	Zip **02871**	City **Little Compton**	State **RI**	Zip **02837**
Director Name **Jeffrey C. Adam**			Director Name		
Street Address **41 Long Wharf Mall**			Street Address		
City **Newport**	State **RI**	Zip **02840**	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.

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
Elizabeth Jackson	Jun 1, 2019

Signature of Officer/Authorized Representative: E. Jackson — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 05/2017