AMENDED

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No DNP-121148

2. Name of Corporation Southern Rhode Island Youth Hockey Association

3. State of Incorporation Rhode Island

4. Corporate address in Rhode Island -Street Address PO Box 5142 *City* Wakefield *Zip* 02880

5. Foreign corporation: Enter principal office address *City* *State* *Zip*

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Operation of Youth Hockey Program

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Gregory Dudzik
Street Address 60 Dockray St.
City WAkefield *State* RI *Zip* 02879

Vice President Name Jon G. Hagopian
Street Address 3548B Comm Perry Hwy.
City Wakefield *State* RI *Zip* 02879

Secretary Name Kirsten Maar
Street Address 85 Jennifer Dr
City Peacedale *State* RI *Zip* 02879

Treasurer Name James Harrington
Street Address 108 Day Lilly Dr.
City Wakefield, *State* RI *Zip* 02879

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23

Director Name Gregory Dudzik
Street Address Same as above
City *State* *Zip*

Director Name Jon G. Hagopian
Street Address Same as above
City *State* *Zip*

Director Name Kirsten Maar
Street Address Same as above
City *State* *Zip*

Director Name James Harrington
Street Address Same as above
City *State* *Zip*

9. REGISTERED AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 641 -R.I.G.L 7-6-13 / 7-6-78

Agent Name Jon G. Hagopian, Esq.
Address 400 Westminster St. #204
City Providence, RI *Zip* 02903

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [redacted]

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.

Signature of Officer J. Hagopian Vice Pres. *Date* 10/17/02

Print or Type Name of Officer JON G. HAGOPIAN

[redacted] *Title of Officer* Vice President

File Date	10.21.02
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 6/02

Judy Sigal,Director 70 North Cliff Dr, Narragansett, RI 02882

Form No. 201
Revised : 01/99