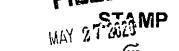
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

Entity ID Number	2. Exact name of the Corporation						
791418	JWK Hockey, Inc.						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Proceeds promote financial aid to families for youth hockey						
4. NAICS Code	and donations to special olympics.						
711211							
6. Principal Office Address			City	State	Zip		
80 Houston Avenue			Narraganset	RI	02882		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name JoAnne C. Kennedy			Vice-President Name				
Street Address 80 Houston Avenue			Street Address				
City Narragansett	State RI	Zip 02882	City	State	Zip		
Secretary Name	y Name			Treasurer Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and ac	Idresses). RI Com	porations MUST	ist at least THREE directors.	Check the box to indica	ate an attachment		
Director Name JoAnne C. Kennedy			Director Name Kimberly Kennedy				
Street Address 80 Houston Avenue			Street Address 706 Silver Street				
City Narragansett	State RI	^{Zip} 02882	^{City} La Jolia	State CA	^{Zıp} 92037		
Director Name Kristen Kennedy			Director Name John P. Conaty				
Street Address 6223 Brooklyn Ave. NE			Street Address 90 Willett Avenue				
City Seattle	State WA	^{Zip} 98115	^{City} Riverside	State RI	^{Zip} 02915		
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 JoAnne C. Kennedy					5-20-20		
Signature of Officer/Authorized Representative							
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