



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2020**

**1. Corporate ID No.** 000911194

**2. Name of Corporation** Central Rhode Island Knights Youth Hockey Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

713990

**4. Corporate Address in Rhode Island**

No. and Street: 7 BELFIELD DR

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:      State:      Zip:      Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

YOUTH HOCKEY GROUP PROMOTING EDUCATIONAL, CIVIC, SOCIAL AND ATHLETIC ACTIVITIES AMONG ITS COMMUNITY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  
7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ED BENOIT	7 BELFIELD DR JOHNSTON, RI 02919 USA
TREASURER	PAUL FARIA	82 LOWELL ST WEST WARWICK, RI 02893 USA
VICE PRESIDENT	JASON BASTIEN	125 BROAD ST WARWICK , RI 02888 USA
REGISTRAR	ELISHA JEFFERSON	99 POTOMAC RD WARWICK, RI 02888 USA
DIRECTOR	RALPH TURNER	235 SIMMONSVILLE AVE JOHNSTON, RI 02919 USA
DIRECTOR	ED BENOIT	7 BELFIELD DR JOHNSTON, RI 02919 USA
DIRECTOR	JASON BASTIEN	125 BROAD ST WARWICK, RI 02888 USA
DIRECTOR	PAUL FARIA	82 LOWELL ST WEST WARWICK, RI 02893 USA
DIRECTOR	ELISHA JEFFERSON	99 POTOMAC RD WARWICK, RI 02888 USA

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

WILLIAM WHELAN 28 TRAFFORD PARK DRIVE COVENTRY , RI 02816

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of July, 2020 at 11:25:12 AM by the authorized person. This electronic  
signature of the individual or individuals signing this instrument constitutes the affirmation or  
acknowledgement of the signatory, under penalties of perjury, that this instrument is that  
individual's act and deed or the act and deed of the company, and that the facts stated herein are  
true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ELISHA JEFFERSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07