State of Rhode Island
Department of State - Business Services Division

FILED
MAR 25 2021
BY 1131

Annual Report for the year: 2020
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
001667586	OCEAN STATE CHESS ASSOCIATION
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: TO ORGANIZE, PROMOTE, AND DEVELOP CHESS AND CHESS TOURNAMENTS IN THE STATE OF RHODE ISLAND
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
42 FORBES STREET	RIVERSIDE	RI	02915

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

President Name	Vice-President Name
FRANK DELBONIS	JAMES DELBONIS
Street Address: 42 FORBES STREET	Street Address: 42 FORBES STREET
City: RIVERSIDE, State: RI, Zip: 02915	City: RIVERSIDE, State: RI, Zip: 02915
Secretary Name: SARAH DELBONIS	**Treasurer Name:** KAYLA DELBONIS
Street Address: 42 FORBES STREET	Street Address: 42 FORBES STREET
City: RIVERSIDE, State: RI, Zip: 02915	City: RIVERSIDE, State: RI, Zip: 02915

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

Director Name	Director Name
FRANK DELBONIS	JAMES DELBONIS
Street Address: 42 FORBES STREET	Street Address: 42 FORBES STREET
City: RIVERSIDE, State: RI, Zip: 02915	City: RIVERSIDE, State: RI, Zip: 02915
Director Name: SARAH DELBONIS	**Director Name:** KAYLA DELBONIS
Street Address: 42 FORBES STREET	Street Address: 42 FORBES STREET
City: RIVERSIDE, State: RI, Zip: 02915	City: RIVERSIDE, State: RI, Zip: 02915

9. The Registered Agent information of record with the RI Department of State is accurate. 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
FRANK C. DELBONIS	3/15/2021

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov