State of Rhode Island

Department of State - Business Services Division

FILED

JUN 16 2021

BY 2146

Annual Report for the year: 2021

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
30035	**Rhode Island Duckpin Bowlers Association**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: A volunteer service organization for the sanctioned bowlers of Rhode Island.
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
45-2 Lonsdale Street	West Warwick	RI	02893

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

President Name: Al Zoraian			Vice-President Name: Will Rigney		
Street Address: 45-2 Lonsdale Street			Street Address: 168 Vera Street		
City: West Warwick	State: RI	Zip: 02893	City: Warwick	State: RI	Zip: 02886
Secretary Name: Dan Lacroix			Treasurer Name: Ted Millard		
Street Address: 385 Harkney Hill Road			Street Address: 125 Burt Street		
City: Coventry	State: RI	Zip: 02816	City: Norton	State: MA	Zip: 02766

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

Director Name: Eric Barnes			Director Name: Diane Silvia		
Street Address: 73 Oak Hill Road			Street Address: 6 Sharon Ct		
City: Wakefield	State: RI	Zip: 02879	City: Newport	State: RI	Zip: 02840
Director Name: Brandin Tipple			Director Name: Chris Louth		
Street Address: 6 Allison AAve.			Street Address: 24 Steven Drive		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893

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
Ted Millard	6/14/21

Signature of Officer/Authorized Representative

Ted Millard

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