



**State of Rhode Island  
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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 000113078

**2. Name of Corporation** Bristol-Mt. Hope Hockey Alumni Association Inc.

**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

**4. Principal Office Address**

No. and Street: 23 BEAVER ROAD  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE SCHOLARSHIP ASSISTANCE, SUPPORT SERVICES FOR YOUTH HOCKEY DEVELOPMENT PROGRAMS, ETC.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY PRAY	23 BEAVER ROAD BARRINGTON, RI 02806 USA

TREASURER	ALAN FERREIRA	37 ANDREWS COURT BRISTOL, RI 02809 USA
DIRECTOR	PATRICK MCGINN	22 POND STREET REHOBOTH, MA 02769 USA
DIRECTOR	JEFFREY DAY	33 ANTONY AVENE BRISTOL, RI 02809 USA
DIRECTOR	JOSEPH CRUZ III	175 VERNON STREET WARREN, RI 02885 USA

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

JOSEPH CRUZ. III 175 VERNON STREET WARREN , RI 02885

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

**Signed this 7 Day of July, 2022 at 12:33:07 PM 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 ALAN FERREIRA  
Signature of Authorized Person

Form No. 631  
Revised 09/07