



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. 000139241

2. Name of Corporation Friends of Mariner Hockey, 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: 811 BOSTON NECK RD

NARRAGANSETT

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

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

TO ORGANIZE, FUND AND EQUIP A HIGH SCHOOL HOCKEY TEAM FOR
NARRAGANSETT HIGH SCHOOL, NARRAGANSETT, RI

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHARON MCGREEN	811 BOSTON NECK ROAD

		NARRAGANSETT, RI 02882 USA
SECRETARY	KEVIN RUTH	1114 SUCCOTASH RD NARRAGANSETT, RI 02882 USA
DIRECTOR	BETH DESROSIERS	179 SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	SHARON MCGREEN	811 BOSTON NECK RD NARRAGANSETT, RI 02882 USA
DIRECTOR	KEVIN RUTH	1114 SUCCOTASH RD NARRAGANSETT, RI 02882 USA
DIRECTOR	BETH DESROSIERS	179 SCAPA FLOW RD CHARLESTOWN, RI 02813 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

ROBERT J. DONNELLY, ESQ. 133 OLD TOWER HILL ROAD WAKEFIELD, RI 02879

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

Signed this 11 Day of July, 2022 at 10:37:38 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 SHARON MCGREEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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