



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

APR 18 2023

2771 *Q*

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 30035		2. Exact name of the Corporation 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					
6. Principal Office Address 45-2 Lonsdale Street			City West Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Al Zoraian			Vice-President Name Eric Barnes		
Street Address 45-2 Lonsdale Street			Street Address 73 Oak Road		
City West Warwick	State RI	Zip 02886	City Wakefield	State RI	Zip 02879
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 <input type="checkbox"/>					
Director Name Will Rigney			Director Name Diane Silvia		
Street Address 168 Vera Street			Street Address 6 Sharon Ct.		
City Warwick	State RI	Zip 02886	City Newport	State RI	Zip 02840
Director Name Brandin Tipple			Director Name Chis Louth		
Street Address 6 Allison Ave.			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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Ted Millard				Date 4/14/23	
Signature of Officer/Authorized Representative <i>Ted Millard</i> 4/14/23					

MAIL TO:
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 Website: www.sos.ri.gov