

**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: 2023**1. Corporate ID No.** 000713059**2. Name of Corporation** RI Girls Hockey Coaches Association**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

813110**4. Principal Office Address**No. and Street: 117 WINDWARD LANECity or Town: BRISTOLState: RIZip: 02809Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO SUPPORT GIRLS AMATEUR ICE HOCKEY PROGRAMS IN RHODE ISLAND.**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
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TREASURER	MICHAEL COX	2 BULLOCK AVE BARRINGTON, RI 02806 USA
DIRECTOR	SYDNEY COLLINS	130 EDMOND DRIVE WARWICK, RI 02886 USA
DIRECTOR	SEAN MCNAMARA	94 GRISTMILL RD WARWICK, RI 02889 USA
DIRECTOR	COURTNEY LACEY	105 TOWN FARM RD PASCOAG, RI 02589 USA
DIRECTOR	MATHEW DAVIS	55 INDIAN TRAIL CRANSTON, RI 02921 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**

MICHAEL COX 2 BULLOCK AVENUE BARRINGTON , RI 02806

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

Signed this 21 Day of April, 2023 at 2:38:52 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 MICHAEL COX
Signature of Authorized Person

Form No. 631
Revised 09/07

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