



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
 Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 18 2023

BY

1. Entity ID Number <b>29392</b>		2. Exact name of the Corporation <b>Warwick Junior Amateur Hockey Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Junior Amateur Ice Hockey</b>			
4. NAICS Code <b>611110 - Elementary an</b>					
6. Principal Office Address <b>PO Box 6114</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02887</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Dave Monte</b>			Vice-President Name <b>Laurence Birmingham</b>		
Street Address <b>39 Edgehill Road</b>			Street Address <b>294 Castle Rocks Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Gerard Schifino</b>			Treasurer Name <b>Rich Botham</b>		
Street Address <b>25 Solar Drive</b>			Street Address <b>76 Saint George Court</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
<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 <b>Dave Monte/President</b>					Date
Signature of Officer/Authorized Representative					

## MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

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FILED  
MAY 18 2023  
BY 607  
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FILED  
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BY *[Signature]*  
DS