



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 Amended
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.

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BUS SVCS DIV

2023 NOV -9 P 3:20

1. Entity ID Number 145317		2. Exact name of the Corporation WARWICK GIRLS Ice Hockey Club (WG/HC)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to conduct a girls amateur Hockey program	
4. NAICS Code 611110			
6. Principal Office Address 11 Keystone Drive		City WARWICK	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kerri Bastein		Vice-President Name Joslyn Clemm	
Street Address 125 Broad Street		Street Address 62 Comma Street	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02889	
Secretary Name Katie Howard		Treasurer Name Kerri Bastein	
Street Address 400 Strawberry Field Rd.		Street Address 125 Broad Street	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02888	
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 Kerri Bastein		Director Name Katie Howard	
Street Address 125 Broad Street		Street Address 400 Strawberry field Rd.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02886	
Director Name Joslyn Clemm		Director Name	
Street Address 62 Comma Street		Street Address	
City Warwick	State RI	City	State
Zip 02889		Zip	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Julie Walsh			Date 11/9/23
Signature of Officer/Authorized Representative <i>Julie Walsh</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
NOV 09 2023
BY *ml*
FILED



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 09, 2023 03:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

