



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV -9 P 3: 20

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|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 145317 | | 2. Exact name of the Corporation WARWICK GIRL'S ICE HOCKEY CLUB (WGIHC) | | | |
| 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 61110 | | | | | |
| 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 Bastien | | | Vice-President Name Joslyn Clemm | | |
| Street Address 125 Broad Street | | | Street Address 62 Comma Street | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02889 |
| Secretary Name Katie Howard | | | Treasurer Name Kerri Bastien | | |
| Street Address 400 Strawberry Field Rd. | | | Street Address 125 Broad Street | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | 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 Bastien | | | Director Name Katie Howard | | |
| Street Address 125 Broad Street | | | Street Address 400 Strawberry field Rd. | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02886 |
| Director Name Joslyn Clemm | | | Director Name | | |
| Street Address 62 Comma Street | | | Street Address | | |
| City Warwick | State RI | Zip 02889 | City | State | 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

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