



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2024**

**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.

FEB 26 2024

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1. Entity ID Number <b>30035</b>		2. Exact name of the Corporation <b>Rhode Island Duckoin Bowlers Association</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>A volunteer service organization for the sanctioned bowlers of Rhode Island</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>45-2 Lonsdale Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Al Zoraian</b>		Vice-President Name <b>Eric Barnes</b>	
Street Address <b>45-2 Lonsdale Street</b>		Street Address <b>73 Oak Street</b>	
City <b>West Warwick</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02879</b>	
Secretary Name <b>Will Rigney</b>		Treasurer Name <b>Ted Millard</b>	
Street Address <b>168 Vera Street</b>		Street Address <b>125 Burt Street</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Norton</b>	State <b>MA</b>
Zip <b>02886</b>		Zip <b>02766</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Chris Louth</b>		Director Name <b>Diane Silvia</b>	
Street Address <b>24 Steven Drive</b>		Street Address <b>6 Sharon Ct.</b>	
City <b>West Warwick</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02893</b>		Zip <b>02840</b>	
Director Name <b>Steve Mollicone</b>		Director Name <b>Dan Lacroix</b>	
Street Address <b>35 Wright Street</b>		Street Address <b>382 Hackney Hill Road</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02816</b>	
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>Ted Millard</b>			Date <b>2/23/2024</b>
Signature of Officer/Authorized Representative 			

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