



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

FEB 26 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.

291 *Q*

1. Entity ID Number 30035	2. Exact name of the Corporation Rhode Island Duckoin Bowlers Association
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island A volunteer service organization for the sanctioned bowlers of Rhode Island
4. NAICS Code 813990	

6. Principal Office Address 45-2 Lonsdale Street	City West Warwick	State RI	Zip 02886
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Al Zoraian		Vice-President Name Eric Barnes	
Street Address 45-2 Lonsdale Street		Street Address 73 Oak Street	
City West Warwick	State RI	City Wakefield	State RI
Zip 02886		Zip 02879	
Secretary Name Will Rigney		Treasurer Name Ted Millard	
Street Address 168 Vera Street		Street Address 125 Burt Street	
City Warwick	State RI	City Norton	State MA
Zip 02886		Zip 02766	

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 Chris Louth		Director Name Diane Silvia	
Street Address 24 Steven Drive		Street Address 6 Sharon Ct.	
City West Warwick	State RI	City Newport	State RI
Zip 02893		Zip 02840	
Director Name Steve Mollicone		Director Name Dan Lacroix	
Street Address 35 Wright Street		Street Address 382 Hackney Hill Road	
City North Providence	State RI	City Coventry	State RI
Zip 02911		Zip 02816	

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 Ted Millard	Date 2/23/2024
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Signature of Officer/Authorized Representative
Ted Millard

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