



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000031098

2. Name of Corporation Rhode Island Panthers Girls' Ice Hockey

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813990

4. Principal Office Address

No. and Street: 29 OAKLAWN ROAD
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

GIRLS/WOMEN CLUB ICE HOCKEY PROGRAM

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	MICHELLE LEROY	29 OAKLAWN ROAD NORTH SMITHFIELD, RI 02896 USA
TREASURER	MICHELLE LEROY	29 OAKLAWN RD NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	CHERYL RAYMOND	4 KNOWLRIDGE DR NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	CHERYL RAYMOND	4 KNOWLRIDGE DR NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	PATRICIA DEGNAN	367 GREENVILLE RD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MICHAELA COOK	82 AUTUMN STREET CRANSTON, RI 02910 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELLE LEROY 29 OAKLAWN ROAD NORTH SMITHFIELD , RI 02896

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of March, 2024 at 5:13:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHELLE LEROY
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved