



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 DEPARTMENT OF STATE - BUSINESS SERVICES DIVISION
 JUL 25 9:36:01

Annual Report for the year: 2023

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.

1. Entity ID Number 911194		2. Exact name of the Corporation Central Rhode Island Knights Youth Hockey Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Youth hockey group promoting educational, civic, social, and athletic activities among its community.			
4. NAICS Code 713990					
6. Principal Office Address 147 Cowesett Avenue			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Faria			Vice-President Name Shaughn Coyne		
Street Address 82 Lowell Street			Street Address 226 Rollingwood Drive		
City West Warwick	State RI	Zip 02893	City North Kingstown	State RI	Zip 02852
Secretary Name Amanda Caruso			Treasurer Name Emily Cienava		
Street Address 142 Royal Avenue			Street Address 19111 Patriot Way		
City Cranston	State RI	Zip 02920	City West Greenwich	State RI	Zip 02817
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 Paul Faria			Director Name Shaughn Coyne		
Street Address 82 Lowell Street			Street Address 226 Rollingwood Drive		
City West Warwick	State RI	Zip 02893	City North Kingstown	State RI	Zip 02852
Director Name Robert Shaw			Director Name Emily Cienava		
Street Address 11 Walker Street			Street Address 19111 Patriot Way		
City West Warwick	State RI	Zip 02893	City West Greenwich	State RI	Zip 02817
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Emily Cienava				Date 7/22/2024	
Signature of Officer/Authorized Representative <i>Emily Cienava</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

JUL 26 2024

BY Z38PA

AA. 9:37 AM.

FORM 631 - Revised: 12/2023