



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

FILED

APR 06 2022

BY

1. Entity ID Number 000026565		2. Exact name of the Corporation East Providence Hockey Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 624110 - Child and Youth Ser					
6. Principal Office Address 17 Cushman Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ken Mace			Vice-President Name Richard Pacheco		
Street Address 17 Cushman Avenue			Street Address 22 Cushman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christine Pacheco			Treasurer Name Daniel Pacheco		
Street Address 110 Providence Street			Street Address 110 Providence Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
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 Jeffrey Mace			Director Name Marc Saveory		
Street Address 74 Chelsea Drive			Street Address 65 Brook Avenue		
City Seekonk	State MA	Zip 02771	City Riverside	State RI	Zip 02915
Director Name Lee Pacheco			Director Name		
Street Address 6 Lawrence Drive			Street Address		
City East Providence	State RI	Zip 02914	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.					
<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 Daniel Pacheco					Date 4/4/2022
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