

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. Rwer Street Providence, RI 02904-2615 401,222,3040

2007

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* 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.

1. Corporate ID No. 36523	2. Name of Corporation Apponaug Babe	n Ruth Baseball Leauge			
3. State of Incorporation RHODE ISLAND	4. Corporate address in P.O. Box	n Rhode Island - Street Addr	ess	Varvich	<sup>Zip</sup> 07887
5. Foreign corporation. Enter			City	State	Zip
	CIPATE IN THE GAME	OF BASEBALL FOR BO	YS AND GIRLS 5 YEARS TO		
7. NAMES AND ADDRESSES OF THE OFFICERS: CX BOX FOR ATTAC President Name SAMES ADNEW			Vice President Name M.K. Muzzy		
Street Address 366 MAPIE Street			Street Address 350 Greenwood Ave		
CityWArvick	State RI	02888	City WATWICK	State 17 ±	02886
Secretary Name Allison Godfrey			Treasurer Name		
Street Address 28 GIEEN WOOD AVE			Street Address  Street Address  City  City		
City WATWICK				167	05889
8. NAMES AND ADDRES THE NUMBER OF DIRE	SES OF THE DIRECTORS OF A DOMEST	NEST CENTROL FOR ATT	ACHUBNY) TILL IN SPAC CORPORATION SHALL N	ES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)  Director Name  3 Uhw P(A #			Director Name VINCENT PALMIOHI		
Street Address 85 H	AWthorne	AVÉ		HAlie Lane	
City WALWICK	State RI	02886	City WA(W.ch	State R±	0.1889
Director Name Bill Régélmann			Director Name		
Street Address 34 Staples Ave			Street Address		
City WARWILL	State RI	Zip 07886	City	State	Zip
9. REGISTERED AGENT Agent Name SCOTT SAUER	in knode island	DO NOT ALTER - Cha	nges require filing of For Address	em 641 R.L.G.L. 7-6-13 /	<b>7</b> -6-78
Address 281 BOULDER VIEW DRIVE			City WARWICK	Zip 02	386-
This report m	ust be signed by either	the President, Vice Pre	esident, Secretary, Assistant	Secretary, Treasurer, Rece	iver or Trustee



Under penalty of perjury, I declare and affirm that I	have examined this
report, including any accompanying schedules and sta	tements, and that al
statements contained herein are true and correct.	
(:/ ~~	12-12-07

	15-15-07
Signature of Officer  Scott Sauce	Date
Print or Type Name of Officer  + (15 A \ V (5 C	

Title of Officer