

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 140 W Diese Che Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ZUU/
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 penacy jee of \$25.00.						
1. Corporate ID No. 47276	2. Name of Corporation Police Athletic League of Barrington, Inc.					
3. State of Incorporation RHODE ISLAND	4. Corporate address in 1 100 Federa	Rhode Island - Street Address I Road	S	Barring 1	ton 02806	
5. Foreign corporation. Enter prin			City	State	Zip	
6. Brief Description of the character YOUTH ORIENTATED SPO	of the affairs which are ac	tually conducted in Rhode Is	land			
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT)	REFORE HSING A	TTACHMENTS	
President Name John La Cross			Vice Dresident Name De Crescenzo			
Street Address. (GOVERNOX !	Broaford I)rive	Street Address Gorham	Str. 1		
Barrington	State	^{Zip} 02806	Rehoboth	State MA	02769	
Kenneth Schauble			Trecourer Name Shane allen			
Street Address Wallis A	lenue		Street Address)	e Blud		
Barrington	state RT	24 OH806	Paytucket	State RT	^{Zip} 62861	
·		S: ("X" BOX FOR ATTAC		BEFORE USING A	TTACHMENTS	
THE NUMBER OF DIRECTO Director Name	ORS OF A DOMESTIC	C (RHODE ISLAND)	CORPORATION SHALL NOT Director Name	BE LESS THAN T	HREE (3). R.I.G.L. 7-6-23	
John Dutfy			Toda Travers			
Street Address Mendon Road			Street Address 1155 Hope Street			
Cumberland	State L	CD864	Bristol	State RI	^{zii} 02809	
Dino DeCr	escenzo		Director Name			
Breezadress Gorham Street			Street Address			
City Rehuboyh 9. REGISTERED AGENT IN 1	State MA	Zip 02769	City	State	Zip	
Agent Name JOHN J. DUFFY	MICOLE ISLAMICE DO	, mulalier - Chang	ges require filing of Form 6 Address	944 - K.I.G.L. 7-6-	L3-4-7-6-78	
Address 100 FEDERAL ROAD			City BARRINGTON	Zip	02806	
This report must	be signed by either th	e President, Vice Presi	ident, Secretary, Assistant Sec	retary, Treasurer, I	Receiver or Trustee	

	47276					
File Date _	FILED					
Check No	JAN 10 2008					
		1				

FOR SECRETARY OF STATE USE ONLY

By:

statements contained herein are true and correct. Signature of Officer Date Print or Type Name of Officer Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all