

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

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

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1. Corporate ID No.	<ol><li>Name of Corporation</li></ol>	n			
68972	MIDDLETOWN LITTLE LEAGUE, INC.				
3. State of Incorporation	4. Corporate address is	n Rhode Island - Street Addres	s	City	Zip . 2
RHODE ISLAND	1151	Aguidneck	QUE	Middletun	2420
5. Foreign corporation. Enter J.		1	City	State A-	Zip
and or engine our providence in the re-	or of the same of				z.φ
	ecque Baseh	all + Softhal	-		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH President Name Paul J Murphy			Vice President Name Peter all Fin		
Street States Reservor Rd			street Address (91 Wyndham Hill		
Middletun	State	21002842	Middlehun	State RI	Zip02812
Secretary Name Canol Boesch			pennis Sullivan		
Street Address 201	Oliphant sineRt	LANC	Street Address 140	Meadow La	nce 🥳
Middlebur	siène	2402842	middletain	StatePI	02887
8. NAMES AND ADDRESS	SES OF THE DIRECTO	ORS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIREC	TORS OF A DOMEST	TIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THRE	E (3). POI.G.L. 7-6-2
Director Name Harry	Eng-		Director Name Bob	Barlow	2 84.
Street Address 10 Coggeshell way			Street Address 48 James Frances Tenace		
Middlebur	State RT	2402845	middletaern	State R.I.	02842
Director Name Approxid	mensely	mank Bwell	Director Name Tony	BeHencour 1	
street Address 28 Indian Hill Rd			Street Address 13 Stockon Drive		
on Middlehour	State RI	2102845	Middlehun	State AT	2402842
9. REGISTERED AGENT I	N RHODE ISLAND - 1	DO NOT ALTER - Chan	ges require filing of Form	641 - R.I.G.L. 7-6-13 /	7-6-78
Agent Name Paul	Theria	oH	Address		
Address 124 R	stire furn	n Rd	"Middletown	Zip OZ	1842
This report mu	st be signed by either	the President, Vice Pres	sident, Secretary, Assistant Sec	cretary, Treasurer, Recei	ver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No. FEB 1 2 2008	Signature of Officer Paul Murphy President
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  VILS \CLON +  Title of Officer