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State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***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 2008

***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. | 2. Name of Corporation | | |
|---|---|---|---|
| 26826 | ELMHURST LITTLE League | | |
| 3. State of Incorporation | 4. Corporate address in Rhode Island - Street Address | City | Zip |
| RI | 9 CLEARMEADOW DR. | N. PROV. | 02911 |
| 5. **Foreign corporation.** Enter principal office address | City | State | Zip |
| — | — | — | — |

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
LITTLE League BaseBall

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Paul Kopech | VINCENT FERRI |
| Street Address: SHARON ST | Street Address: 35 SUNRISE DR |
| City: PROV State: RI Zip: 02908 | City: PROV State: RI Zip: 02908 |
| Secretary Name: JOSEPH COVATTA | Treasurer Name: GREGORY LOMBARDO |
| Street Address: 70 SANDRINGHAM AVE | Street Address: 9 CLEARMEADOW DR |
| City: PROV State: RI Zip: 02908 | City: N. PROV State: RI Zip: 02911 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

***THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23***

| Director Name | Director Name |
|---|---|
| CHARLES ASHTON | LEONARD LOMBARDO |
| Street Address: 680 RIVER AVE | Street Address: 9 CLEARMEADOW DR |
| City: PROV State: RI Zip: 02908 | City: N. PROV State: RI Zip: 02911 |
| Director Name: ARMAND BATASTINI | Director Name: ANN MARIE MILLS |
| Street Address: 198 EATON ST | Street Address: 45 HIGH SCHOOL AVE |
| City: PROV State: RI Zip: 02908 | City: CRANSTON State: RI Zip: 02910 |

**9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

| Agent Name | Address |
|---|---|
| LEONARD M LOMBARDO | 9 CLEARMEADOW DR |
| Address: 9 CLEARMEADOW DR | City: N. PROV Zip: 02911 |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

*Signature of Officer* — *Date* 5/30/08

GREGORY A LOMBARDO
*Print or Type Name of Officer*

TREASURER
*Title of Officer*

[redacted]

| | |
|---|---|
| *File Date* | FILED |
| *Check No.* | JUN 02 2008 |
| *By:* | By 911 |

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 12/06

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