

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 631 Rev. 09/17

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

**Iling 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				
128243		Cranston Western Little League 4. Corterate address in Rhode Island - Street Address				
3. State of Incorporation	•	4. Corporate address in Rhode Island - Street Address			Zip	
RI	2124 Cransto	n Street		Cranston	02920	
5. Foreign corporation. Enter principal office address			Сііу	State	Zip	
					_.	
6. Brief Description of the chair	ractor of the affairs which a	re actually conducted in R	bode Island			
Operating all aspects of	of a youth baseball lea	ague including practi	ces, games and tournament	ts		
7. NAMES AND ADDRE	ESSES OF THE OFFIC	FRS: ("X" BOX FOR A	TTACHMENT) FILL IN SP.	ACES REFORE USING ATT	'ACHMENT'S	
President Name			Vice President Name	TOLO DEI ONE COMO		
Michael P. Varrato			Garry Bucci			
Street Address			Street Address			
2124 Cranston Stree	t		67 Sage Drive			
City	State	Zifi	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02921	
Socretary Name			Fredstirer Name			
Frank Montanaro			Paul Castagliuolo			
Street Address			Street Address			
214 Locust Glen Drive			45 Crest Drive			
City	State	Zip	City	State	Zip	
Cranston	RI	02921	Cranston	RI	02921	
			ATTACHMENT) FILL IN SI			
	ECTORS OF A DOME	STIC (RHODE ISLA	ND) CORPORATION SHAL	<u>L NOT BE LESS THAN TH</u>	REE (3). R.I.G.L. 7-6+23	
Director Name			Director Name		7	
Stephen Mancini			Dave Gargaro		٠. ني	
Street Address			Street Address			
40 Silo Drive			29 Scaralia Road		30 L ₂ /	
Clty	State	Zip	City	State	ZIP 12	
Cranston	RI `	02921	Cranston	RI	02927	
Director Name Alan Sparling			Director Name			
Street Address			Street Address		후 등을	
14 Collingwood Drive	e		Witer Harris		∴ < ∰	
City:	State	Zip	City	State	Zip 🚽	
Cranston	l _{RI}	02921	, '			
9. REGISTERED AGEN	1	•		I	I	
This information is curre	ently of record in the C	office of the Secretary	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-	-13/7-6-78	
rius report	must be signed by en	ner me President, Vic	ce President, Secretary, Assis	tant Secretary, Treasurer, R	eceiver or irustee	

128243	
" FILED	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 ficreful are true and correct. Signature of Officer Date
By: By: FOR SECRETARY OF STAVE USE ONLY	Michael P. Varrato Print or Type Name of Officer President Title of Officer