

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 2009

401.2

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 smaller fee of \$25.00

penaity jee of \$25.00.			,	The state of man (101.0.E.	1 0-51) is subject to u	
1. Corporate ID No.	2. Name of Co	2. Name of Corporation				
30127	WESTER	WESTERLY YOUTH BASKETBALL LEAGUE, INC.				
3. State of Incorporation	4. Corporate a	4. Corporate address in Phoda Island Stront Address				
RHODE ISLAND	1	REET - P. O. BOX 41		WESTERLY	Zip	
5. Foreign corporation. Enter principal office address			City	State	02891 Zib	
				State	z.ip	
6. Brief Description of the ch	paracter of the affairs wh	ich are actually conducted in R	Phode Island	<u>.</u>		
RECREATIONAL AC	TIVITIES FOR CH	ILDREN - BASKETBALI				
7. NAMES AND ADDI President Name	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
resident tame			Vice President Name			
SCOTT BAVASSO Street Address			DON YOUNG			
3 NICHOLS LANE			Street Address			
City	State		13 MIDWAY AVEN	IUE		
WESTERLY	RI	Zíp	City	State	Zip	
Secretary Name	KI	02891	WESTERLY	RI	02891	
THERESA GUARNIERI			Treasurer Name SCOTT BAVASSO			
Street Address						
BRANBERRY DRIVE			Street Address			
City	State	Zip	3 NICHOLS LANE			
WESTERLY	RI	02891	,	State	Zip	
	ESSES OF THE DI	UZOU RECTORS: ("Y" BOY BOD	WESTERLY <i>attachment</i>)	RI	02891	
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (DIADE ISLA	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
Director Name		MESTIC (KHODE ISLA)	D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
MAURICE GUARNIERI						
VIAURICE GUARNIERI Street Address			MICHAEL SULLIVAN			
BRANBERRY DRIV	/ E		Street Address			
ty State Zip			64 BELLEVUE AVENUE			
WESTERLY	RI	l '	City	State	Zip	
Director Name	131	02891	WESTERLY	RI	02891	
MICHAEL NAJIM			Director Name			
treet Address			Street Address	<u> </u>		
4 NUTMEG DRIVE			Sireet Attiress			
λίty	State	Zip	City	State	7/2	
VESTERLY	RI	02891		State	Zip	
. REGISTERED AGEN	T IN RHODE ISLA	ND		I		
This information is as-	antiu of mana-1 : il	Office Call II				
ins mormation is curre	citily of record in the	e Office of the Secretary o	f State. Changes require filing of	f Form 641 - R.I.G.L. 7-6-13	77- 6-78	
			President, Secretary, Assistan			
	- ,	,	220.0001 j, 1133131411	it becievary, fieasules, Rece	ivel of Trustee	

3 012/	
File Daie	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that al statements contained herein are true and correct.
File Daie	Signature of Officer Date SCOTT BAVASSO
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT
	Title of Officer Form 631 Rev. 09/17