



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

**Fee: \$20.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000164426

**2. Name of Corporation** North Providence Youth Summer Basketball

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 2 SACK STREET

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TOCONDUCT YOUTH BASKETBALL LEAGUE FOR THE YOUTH OF NORTH PROVIDENCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN HAGAN	2 SACK STREET NORTH PROVIDENCE, RI 02911 USA
SECRETARY	JEFFREY DIDOMENICO	27 TREMONT STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MIKE WALKER	3 JARED DRIVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JEFF ACCIAIOLI	3 PLEASANT VIEW DRIVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DEBRA POLSELLI	59 COLUMBUS AVE NORTH PROVIDENCE, RI 02911 USA

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

JOHN HAGAN 2 SACK STREET NORTH PROVIDENCE , RI 02911-

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

**Signed this 18 Day of June, 2009 at 10:51:06 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JEFFREY DIDOMENICO

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☒ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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