

**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

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  29855 West Side Litt	le League T	nc nc		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address PI Box 8173	J	Warwick	82888	
5. Foreign corporation. Enter principal office address	City	State	Ζψ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS				
Frank Brown	Vice President Name KUT+ R	ÍΧ		
Street Address 147 Washington St	Street Address 505 Fair	St		
Warwick State RI 02888	Warwick	State RT	0 2888	
Secretary Name Dawn Kenpt	Treasurer Name Donna K	och Mines		
Street Address 212 Sandy Lane	Street Address EVEY /	eth Ave		
City Warwick State RI Zip	Cay Warwick	State RI	12888	
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 (2) BLC L. 7 (22)				
Director Name	Director Name. Picke	, > .	(3). R.I.G.L. 7-6-23	
Street Address / Pensacola St	Street Address 33 Genera		 ว.ป	
Waywick Rt Zip 02888	Warwick	State PT	Zip	
Direction Bracken	Director Name			
Street Address George Circle	Street Address	· · · · · · · · · · · · · · · · · · ·		
9. REGISTERED AGENT IN RHODE ISLAND	City	State	Zip	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice Pres	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined thi
File Date FILED	report, including any accompanying schedules and statements, and that a statements contained herein are true and correct.
Check No. JUN 2 6 2009	Signoure of Officer Date  Donna Koch-Minett
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  I PLASUIEI
	Title of Officer