RI SOS Filing Number: 200948011100 Date: 07/07/2009 4:00 PM

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 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		
000065200	North Providence West Little League Association, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	P.O. Box 113843	No. Providence	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

Operation of 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		
Jeffery Acciaioli			Michael Walker		
Street Address			Street Address		
3 Pleasant View Drive			3 Jarid Court		
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02911
Secretary Name			Treasurer Name		
Karen Walker			Thomas Massaro		
Street Address			Street Address		
3 Jarid Court			23 Sherri Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02911	North Providence	RI	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		
Jeffery Acciaioli			Thomas Massaro		
Street Address			Street Address		
3 Pleasant View Drive			23 Sherri Dr.		
City	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Prov.	RI	02911
Director Name			Director Name		
Michael Walker					
Street Address			Street Address		
3 Jarid Court					
City	State	Zip	City	State	Zip
No. Prov.	RI	02911			

9. REGISTERED AGENT IN RHODE ISLAND

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 President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 000065200 [redacted]

FILED
File Date JUL 07 2009
Check No.
By: 289
FOR SECRETARY OF STATE USE ONLY

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.

Thomas Massaro 6/15/09
Signature of Officer *Date*

Thomas Massaro
Print or Type Name of Officer

[redacted] Treasurer
Title of Officer

Form 631 Rev. 09/17

35750-6-397785