RI SOS Filing Number: 200954978350 Date: 11/12/2009 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 2008

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			
106619	Newport Little League, Inc.			
3. State of Incorporation	4. Corporate address in Rhode Island Street Address		City	Zip
RI	~~Ellery Avenue~~ PO BOX 3872		Newport	02840
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

operating a sports program of youth

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
David Andrade			Bill Harvey		
Street Address			Street Address		
152 Rhode Island Ave			40 Holten Avenue		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name			**Treasurer Name**		
Christopher DiNapoli			Kevin Carlos		
Street Address			Street Address		
287 Gibbs Ave			25 Peckham Avenue		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840

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		
Chris D. Napoli			David Andrade		
Street Address			Street Address		
287 Gibbs Ave			152 Rhode Island Ave		
City	State	Zip	City	State	Zip
Newport	RI	02840	NEWPORT	RI	02840
Director Name			Director Name		
Chris D. Napoli			Bill Harvey		
Street Address			Street Address		
287 Gibbs Ave			40 Holten Ave		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840

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

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2009 NOV -4 AM 10:58
SECRETARY OF STATE
CORPORATIONS DIV.

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CORPORATIONS DIV.

FILED
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[redacted] 106619

11:59

29-1036423

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.

10/14/09

Signature of Officer *Date*

Christopher DiNapoli
Print or Type Name of Officer

Secretary
Title of Officer

File Date _____

Check No. _____

By: _____

40157-3-417699 FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17