

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 2.55 401.2 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 penalty fee of \$25.00.

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1. Corporate ID No.	2. Name of Corporation							
146714	RENAISSANCE CITY SOFTBALL LEARQUE							
3. State of Incorporation		Rhode Island - Street Address		CIRONSICAL	Zip			
RI	80 14001	人之 シンドアド	JE.	IC ICOURS JOH	02910			
5. Foreign corporation. Enter principal office address		City	State	Zip				
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	II		<u>i .</u>			
LBCIT DETT								
, , ,	-	•						
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) 🔀 FILL IN SPACES B	EFORE USING ATTACH	MENTS			
President Name			Vice President Name					
LONATHAN S. KICKI			PANE - CHINSONS					
Street Address			Streat Address					
2 RUSLYN AVENUE			City State KI C2896					
Сйу	State	Ζip	City	State	Zip			
CRANSTON .	121	02910	N. SMITHEREDD	1K1	C2896			
Secretary Name	-		Treasurer Name	· · · · · · · · · · · · · · · · · · ·				
LEMNIFER WALL			LANES POLIE					
Street Address			Street Address					
295 CHESTINED STREET			CHY CHINICY STATE NA DZITI					
City	State	Zip	Chr	Statu	Zip			
WARWICK	TZ1	02895	CHINICH	N/A	"3スパフ/			
R NAMES AND ADDRESSE	S OF THE DIRECTOR	PS. ("V" POV FOR ATTAC	! CHMENT)⊠FILL IN SPACES I	PECODO LICINIC ATTACH) MENTE			
	OKS OF A DOMESTI	C (RHODE ISLAND) C	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23			
Director Name			Director Name					
			DAVE LOHIO	· • · · ·				
Street Address			Street Address					
9 KOCKYN A			City CHATY L	スヘド				
City 2720451074	State	C/2410	City	State	Zip			
CKW121515	1-1	02910	H. SMITHFIELD	> 7<1	02896			
Director Name			Director Name					
LENWIFER	~~~~		JAMES PAC	, E.				
Street Address	4.5.		1 a		_			
295 24/6516	147" 3174	ا تا ــا	36 S. BATF	IELD YVA	\supset			
City	State	Zip	Street Address 36 S. BAYFI City CHINICY	State	Zip			
WARWICK	1 ×1	0266	GLINICY	MA.	02171			
9. REGISTERED AGENT IN		•	•	ľ	,			
					•			
This information is currently	of record in the Office	of the Secretary of State	e. Changes require filing of Forn	n 641 - R.I.G.L. 7-6-13/7-	6-78			
This report must	t he signed by either t	the President Vice Pres	ident, Secretary, Assistant Sec	restary Transper Pagain	ar or Trustee			
rins report musi	t be signed by either t	ine resident, vice ries	ident, Secretary, Assistant Sec	retary, rieasurer, Receiv	er or Trustee			
	FILED							
		111.						
	FED 1.0 2010	12:41						
	FEB 16 2010	,•						

FILED	115.			
FEB 16 2010	12:41			
By 11112				
Km	<u></u>		Under penalty of perjury, I declare and affi- report, including any accompanying schedul	rm that I have examined this es and statements, and that all
			statements contained herein are true and corn	rect.
File Date	-	MAFEB 16	Signature of Officer	2 10 10 Date
Check No.	- PH. S. H9	91 022	LONATHAN 5 R	
Ву:	- Na sho'	TARUSADO TARUSADO	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	OF STATE	13330	PRES IDENT / COM Title of Officer	<u> </u>

10 # 14671H

7. Con't.

Player Liaison

Mike Leitao
771 Blackstone Blvd
Providence
Rhode Island
02909

8. Con't.

Director

Mike Leitao
771 Blackstone Blvd
Providence
Rhode Island
02909

SECRETARY OF STATE COMPORATIONS DIV