

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 2010

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. | | | - y | me preservoed by dea (N.1. G.Z. | 7-0-71) is subject to a | | |
|--|--|---|-------------------------------------|---------------------------------|-------------------------|--|--|
| 1. Corporate ID No. | 2. Name of Cor | 2. Name of Corporation | | | | | |
| 83161 | Chariho Gi | Chariho Girls Summer Softball League | | | | | |
| 3. State of Incorporation | 4. Corporate ad | 4. Corporate address in Rhode Island - Street Address | | | Zip | | |
| RI | 15 King Ar | thur Drive | | W. Kingston | RI 02892 | | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | | |
| 6. Brief Description of the char | racter of the affairs whi | ch are actually conducted in R | Phode Island | | | | |
| | | | wns of Charlestown, Richmon | d, and Hopkinton | | | |
| 7. NAMES AND ADDRE | ESSES OF THE OF | FICERS: ("X" BOX FOR A | TTACHMENT) [FILL IN SPACE | CES BEFORE USING ATTA | CHMENTS | | |
| President Name | | | Vice President Name | | | | |
| Jim Powers | | | Darin Miller | | | | |
| Street Address | | | Street Address | | | | |
| 15 King Arthur Drive | ************************************** | | Old Mountain Road, P.O. Box 98 | | | | |
| City | State | Zip | City | State | Zip | | |
| W. Kingston, RI | RI | 02892 | W. Kingstown | RI | 02892 | | |
| Secretary Name Susan Lelli | | | Treasurer Name | | | | |
| | <u> </u> | · | Mary Ellen Powers | | | | |
| Street Address | | | Street Address | | | | |
| 42 Tug Hollow Road | | <u> </u> | 15 King Arthur Drive | | | | |
| • | State | Zip | City | State | Zip | | |
| W. Kingston | RI | 02892 | W. Kingston | RI | 02892 | | |
| THE NUMBER OF BUR | SSES OF THE DI | RECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN SPA | CES BEFORE USING ATTA | CHMENTS | | |
| THE NUMBER OF DIR | ECIOKS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT BE LESS THAN THR | EE (3). R.I.G.L. 7-6-23 | | |
| | | | Director Name | | | | |
| Bill Reilly | | | Vincent Smith | | | | |
| Street Address | | | Street Address | | | | |
| 25 Cherry Lane | | | 15 Paige Place | | | | |
| ** | State | Zip | City | State | Zip | | |
| Hope Valley | RI | 02832 | Hope Valley | RI | 02832 | | |
| Director Name Rob O' Neil | | | Director Name Rich Evola | | | | |
| Street Address | _ | | Street Address | | | | |
| 14 River Meadodws Drive | | | 173b Ashaway Road | | | | |
| City: | State | Z.ip | City | State | Zip | | |
| Hope Valley | RI | 02832 | Ashaway | Ri | 02804 | | |
| 9. REGISTERED AGENT | 'IN RHODE ISLA | ND | • | • | , | | |
| This information is currer | ntly of record in the | e Office of the Secretary of | of State. Changes require filing of | f Form 641 - R.I.G.L. 7-6-13 | 3/7-6-78 | | |
| This report t | must be signed by | either the President, Vic | e President, Secretary, Assistan | nt Secretary, Treasurer, Rec | eiver or Trustee | | |

| File Date | |
|---------------------------------|--|
| FILED | |
| Check No. JUN 0 2 2010 | |
| By: Dy (P) | |
| FOR SECRETARY OF STATE USE ONLY | |

83161

| Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements contained herein are true and correct. | |
|--|---------------------|
| How Town | 5/26/10 |
| Sim Powers | Date |
| Print or Type Name of Officer Presiden + | - |
| Title of Officer | Form 631 Rev. 09/17 |