

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence. RI 02904-2615

2008

407 222 20

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 i. penalty fee of \$25.00.	ts annual report within the time preso	ribed by law (R.I.G.L. 7-	6-91) is subject to a
1. Corporate 1D No. 2 Name of Corporation Little Lea	gue. American	Division	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addres RI 60 BooTH AVE	y .	Pawtucket	Zip RI
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 I. LHL LEAGUE BASE ball	sland		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Michael F Kno X	Vice President Name	efore using attaci	AMENTS
Street Address 60 Booth AVE	Street Address 156 Meadow lask drive		
Pawticket State RI 2ip 02861	SeeKonk	State M iA	Zip 02771
Secretary Name Jennifer Knox	Treasurer Name Michael	F Knox	ζ
Street Address 60 Booth ave		th ave	
City Pawtneker State RI Zip 02861	Cay Panthcket	State R.I	02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name Michael F Lino K	CORPORATION SHALL NOT I		
Street Address 60 Booth ave	Sireel Address 156 Meadowlark drive		
Pawthcket State NI Zip UZ861	See Konk	State MA	Zip 02771
Director Name Tennifer Knox	Director Name		- · · · -
Street Address 60 Booth are	Street Address 28 50 0 m		
CHY Pawtacket State RE ZIP 02861	City	State	Zip SEP 33.0
9. REGISTERED AGENT IN RHODE ISLAND		·	
This information is currently of record in the Office of the Secretary of St			U ••••••••••••••••••••••••••••••••••••
This report must be signed by either the President, Vice Pr	esident, Secretary, Assistant Sec	eretary, Treasurer, Rece	iver or Trustee ()
			77 37,

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File DateFILED	statements contained herein are true and correct. Make of Howard 9-1-11		
Check No. SEP 0 1 2011	Signature of Officer Date MICHAEL F KAUX		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer		