

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

Providence. RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 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

401.222.3040

penalty fee of \$25.00.		, ,		
1. Corporate 1D No. 200 2. Name of Corporation Little League, American Division				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RI 60 BooTH AVE		Pavitucket	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 Island Little League Base ball				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH President Name Michael F Kno X	ENT) THILL IN SPACES BEFORE USING ATTACHMENTS Tice President Name ED Dunphy			
Street Address 60 Booth AVE	street Address 156 Meadow lark drive			
Pawtucket Siene RI Zip 02861	SeeKonk	State MA	^{2ip} 02771	
Secretary Name Jennifer Knox	Michael F Kinox			
Street Address 60 Booth ave		th ave		
City Pawtneket State RI Zip 02861	cio Panticket	State RI	Zip 02861	
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				
Michael F Knox Director Name Ed dunphy				
Stand Address	Street Address 156 Mea	doulark e	Irive	
City Pawthcket State NI 210 02861	See Konk	State M A	62771	
Director Name Jenn, fer Knox	Director Name			
Street Address 60 Booth ave	Street Address			
cup Pantacket state RI Zip 02861	City	State	SE(
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. 7-6-13/7-6-781 This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				
This report must be signed by either the President, vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trusteen, Secretary, Assistant Secretary, Treasurer, Receiver of Trusteen,				

	Under penalty of perjury, I declare and affirm report, including any accompanying schedules a
FILED	statements/contained begin the true and correct.
SEP 0 1 2011	Signature of Officer
Check No. By 5/5/3	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
TOR SECRETARY OF STATE COLUMN	Tule of Officer

that I have examined this ind statements, and that all 9-1-11