



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26064		2. Exact name of the Corporation DARLINGTON Girls Softball LEAGUE			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 11 PRINCETON AVE		City PAWTUCKET	Zip 02860
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Girls recreational Softball League					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SCOTT POTTER			Vice-President Name PAULA Therriaud		
Street Address 32 Pembroke Ave			Street Address 11 Princeton Ave		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name Maryellen Minton			Treasurer Name Michelle Poulin		
Street Address PO Box 3527			Street Address 11 Princeton Ave		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott Potter			Director Name Paula Therriaud		
Street Address 32 Pembroke Ave			Street Address 11 Princeton Ave		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name Michelle Poulin			Director Name		
Street Address 11 Princeton Ave			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

MAY 21 2012

By MNE

FOR SECRETARY OF STATE USE ONLY

CR #1251

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.

Paula Therriaud 4/23/12
 Signature of Officer Date

Paula Therriaud
 Print or Type Name of Officer

Vice President
 Title of Officer