



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. 72732		2. Exact name of the Corporation Cranston National Budlong Little League, Inc.			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 362 Broadway		City Providence	Zip 02909
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island to promote little league baseball					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kimball James Howe			Vice-President Name Robert DeCosta		
Street Address 102 Hilltop Drive			Street Address 179 Sweetbriar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Tom Northup			Treasurer Name Lois DeCosta		
Street Address 52 Watson Street			Street Address 179 Sweetbriar Drive		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert DeCosta			Director Name Kimball James Howe		
Street Address 179 Sweetbriar Drive			Street Address 102 Hilltop Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name Mark McPhillips			Director Name None		
Street Address 104 Dellwood Road			Street Address		
City Cranston	State RI	Zip 02920	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

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

JUN 07 2012

BY 242

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.

Signature of Officer

Kimball James Howe

Print or Type Name of Officer

President

Title of Officer

6/1/12
Date