



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/business

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. 57826		2. Exact name of the Corporation WICKFORD LITTLE LEAGUE, INC.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island YOUTH BASEBALL LEAGUE			
5. Principal office address P.O. Box 146			City NORTH KINGSTOWN	State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL EMBURY			Vice-President Name RYAN GWALTNEY		
Street Address 15 POLO DR			Street Address 15 HOLL HILLS CIR.		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name CARIL MCGOVERN			Treasurer Name JAMES MURPHY		
Street Address 62 ABBY LANE			Street Address 86 COLE DR.		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
7. 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 DAN QUARELLA			Director Name ROB MCNEIL		
Street Address 102 HIGERTY HILL RD			Street Address 118 BEAUCKAMP DR.		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Director Name DOM COYNE			Director Name ROB MAYBACH		
Street Address 86 JASMINE CIR.			Street Address 91 HIDDEN LAKE DR		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

2013 MAR -1 AM 11:24
 SECRETARY OF STATE
 CORPORATIONS DIV

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

FILED

File Date MAR 01 2013

Check No _____
 BY 0191448 11:24

FOR SECRETARY OF STATE USE ONLY

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.

Michael E. Embury 3/1/13
 Signature of Officer Date

MICHAEL E. EMBURY
 Print or Type Name of Officer

LEAGUE PRESIDENT
 Title of Officer