



**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 **2013**

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. <b>65200</b>		2. Exact name of the Corporation <b>North Providence West Little League Association, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non-Profit Little League Baseball for ages 4-12.</b>			
5. Principal office address <b>P.O. Box 113843</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Sal W. Piccirillo</b>			Vice-President Name <b>Ronnie Giorgio</b>		
Street Address <b>49 Allen Ave</b>			Street Address <b>76 Jacksonia Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Alan Pistacchio</b>			Treasurer Name <b>Thomas Massaro</b>		
Street Address <b>1 Elmore Ave</b>			Street Address <b>23 Sherri Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>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"/></b>					
Director Name <b>Jerry Rubino</b>			Director Name <b>James Coughlin</b>		
Street Address <b>47 Bicentennial Way</b>			Street Address <b>57 Gardner Ave</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>Derrick Leveillee</b>			Director Name		
Street Address <b>52 Swan St</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

AUG 13 2013

1884

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.

*Sal W. Piccirillo*

Signature of Officer

**Sal W. Piccirillo**

Print or Type Name of Officer

**President**

Title of Officer

8/10/13

Date