



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

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

8/10/13

Signature of Officer

Date

Sal W. Piccirillo

Print or Type Name of Officer

President

Title of Officer