



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. 535158		2. Exact name of the Corporation Washington Park Cal Ripken League			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Youth Baseball Organization			
5. Principal office address 132 Wallace Street		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Francisco Ramirez			Vice-President Name Diego Gullon		
Street Address 132 Wallace Street			Street Address 10 Millard Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
Secretary Name Amaury Moronta			Treasurer Name Martin Ramirez		
Street Address 111 Progress Avenue			Street Address 134 Wallace Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Francisco Ramirez			Director Name Diego Gullon		
Street Address 132 Wallace Street			Street Address 10 Millard Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
Director Name Jimmy Peguero			Director Name		
Street Address 95 Hamlin Street			Street Address		
City Providence	State RI	Zip 02907	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.					

2013 DEC - 5 PM 12:59
 SECRETARIAT OF STATE
 CORPORATIONS DIV

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

File Date _____

FILED

Check No _____

DEC 06 2013

By: _____

By: 49-212441

FOR SECRETARY OF STATE USE ONLY

A.A.

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.

Francisco Ramirez 12/6/13
 Signature of Officer Date

Francisco Ramirez
 Print or Type Name of Officer

President
 Title of Officer