



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. 793506		2. Exact name of the Corporation Scituate Youth Basketball			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable and educational purposes.			
5. Principal office address 29 Alberta Drive		City Hope	State RI	Zip 02831	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Rick Alan Cabral		Vice-President Name Brian LaPlante			
Street Address 29 Alberta Drive		Street Address 11 Overlook Trail			
City Hope	State RI	Zip 02831	City Scituate	State RI	Zip 02825
Secretary Name Nicole Dumas		Treasurer Name Lisa Cabral			
Street Address 44 Trimtown Road		Street Address 29 Alberta Drive			
City N. Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831
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 Rick Alan Cabral		Director Name Lisa Mary Cabral			
Street Address 29 Alberta Drive		Street Address 29 Alberta Drive			
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Brian LaPlante		Director Name			
Street Address 11 Overlook Trail		Street Address			
City Scituate	State RI	Zip 02825	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

Form No. 631
Revised: 05/2012

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.

FILED

DEC 27 2013

By 49-213795

A.A.

Signature of Officer
Brian LaPlante
Print or Type Name of Officer
Vice-President
Title of Officer

Date
12/27/13