



**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.

2013 DEC 27 PM 12:25  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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**

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 \_\_\_\_\_ Date 12/27/13  
 Brian LaPlante  
 Print or Type Name of Officer  
 Vice-President  
 Title of Officer