RI SOS Filing Number: 201435010840 Date: 02/03/2014 4:00 PM

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.	2. Exact name of the Corporation
000026514	East Providence Central Little League Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Youth Baseball and Softball Ages 6-18

5. Principal office address	City	State	Zip
P.O. Box 14651	East Providence	RI	02914

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Jason Perry	50 Reynolds Street	East Prov.	RI	02914

Vice-President Name	Street Address	City	State	Zip
michael P Healy	368 Juniper Street	East Prov.	RI	02914

Secretary Name	Street Address	City	State	Zip
Donna Dailey	78 Hilltop Road	East Prov.	RI	02914

Treasurer Name	Street Address	City	State	Zip
Rosa Healy	368 Juniper St.	East Prov.	RI	02914

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Steve Babcock	1319 S. Broadway	East Prov.	RI	02914

Director Name	Street Address	City	State	Zip
Paul Kuiper	Plymouth Road	East Prov.	RI	02914

Director Name	Street Address	City	State	Zip
Joe martins	54 Whatcheer Ave.	East Prov	RI	02914

Director Name	Street Address	City	State	Zip
Melissa Perry	50 Reynolds St	East Prov	RI	02914

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

FILED
FEB 03 2014

File Date _____
Check No _____
By: _____ **CY** 3950

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.

Rosa Healy 1/30/14
Signature of Officer Date

Rosa Healy
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012
102377-1-941921