



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. 146714		2. Exact name of the Corporation Renaissance City Softball League			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Promotion of Amateur Softball TITLE 1:4 COMPETITION			
5. Principal office address PO Box 40047			City Providence	State RI	Zip 02940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phillip J LAGUY JR.			Vice-President Name John MORSE		
Street Address 40 Stanton Ave #103			Street Address 158 Meadow Ave		
City Providence	State RI	Zip 02918	City Woonsocket	State RI	Zip 02895
Secretary Name Robert Rannin JR			Treasurer Name Mario GRANDE		
Street Address 516 Academy Ave 3rd Flr.			Street Address 54 Woodhaven Blvd		
City Providence	State RI	Zip 02908	City No Providence	State RI	Zip 02911
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 Phillip J Laguy Jr.			Director Name Mario Grande		
Street Address 40 Stanton Ave #103			Street Address 54 Woodhaven Blvd		
City Providence	State RI	Zip 02904	City No Providence	State RI	Zip 02911
Director Name John MORSE			Director Name		
Street Address 158 Meadow Ave			Street Address		
City Woonsocket	State RI	Zip 02895	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

FILED

File Date _____
 Check No _____
 By: _____

FEB 03 2014

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.

Signature of Officer _____ Date 1/31/14

FOR SECRETARY OF STATE USE ONLY

PHILLIP J LAGUY JR
 Print or Type Name of Officer

Commissioner
 Title of Officer