



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

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. 756-761		2. Exact name of the Corporation Dose Lima softball league inc	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island sport Adult and children	
5. Principal office address 189 Altho		City Providence	State R.I.
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name 189 Altho st Ruddy Estrella		Vice-President Name Narciso Navarro	
Street Address 189 Altho st		Street Address 43 Rosedale A	
City Providence	State R.I.	City Providence	State R.I.
Zip 02909		Zip 02909	
Secretary Name Jhovany Fernandez		Treasurer Name Luis Madrigal Luis Magduga	
Street Address 200 Eastwood Av		Street Address 859 - chilton	
City Providence	State R.I.	City Providence	State R.I.
Zip 02909		Zip 02908	
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 Ruddy Estrella		Director Name Some of above	
Street Address 189 Altho st		Street Address	
City Providence	State R.I.	City	State
Zip 02909		Zip	
Director Name Some of Above		Director Name Some of above	
Street Address		Street Address	
City	State	City	State
Zip		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, duly Authorized Representative, Receiver or Trustee

FILED ✓

MAY 05 2014

BY **Mr 223501**

11:09

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.

Ruddy Estrella
 Signature of Officer or Authorized Representative Date

Ruddy Estrella
 Print or Type Name of Officer or Authorized Representative

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

2014 MAY -5 AM 11:08
 SECRETARY OF STATE
 CORPORATION DIV