



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

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

File Date  
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 By  
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