



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 2014

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. 30359		2. Exact name of the Corporation PORTSMOUTH LITTLE LEAGUE, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island LITTLE LEAGUE BASEBALL - YOUTH SPORTS			
5. Principal office address PO BOX 38		City PORTSMOUTH	State RI	Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT T LACY			Vice-President Name MATTHEW CORREIA		
Street Address 178 HOMESTEAD LANE - 90 PHEASANT			Street Address 36 CLEARVIEW LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name LISA JANSSEN			Treasurer Name WILLIAM K. MALLINSON JR		
Street Address 9 RICHARD DRIVE			Street Address 72 DIANNE AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 DECHA MALONE			Director Name SHANNON A CANLBY		
Street Address 66 GENERAL SULLIVAN CIRCLE			Street Address 3318 EAST MAIN RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name MARK E STAMOVUS			Director Name		
Street Address 8 MADISON WAY			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: 5375

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative