



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000026064

2. Name of Corporation DARLINGTON GIRLS SOFTBALL LEAGUE, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 104 SWEET AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02861

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SOFTBALL LEAGUE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ELLEN MINTON	104 SWEET AVE PAWTUCKET, RI 02861 USA
TREASURER	SCOTT JON HOLLINGWORTH	19 GLORIA ST PAWTUCKET, RI 02861 USA
VICE PRESIDENT	JENNIFER REZEMIEN	PO BOX 3527

		PAWTUCKET, RI 02861 USA
DIRECTOR	MARK THERLEN	22 LITTLEFIELD STREET PAWTUCKET, RI 02860 USA
DIRECTOR	PAUL MASOIAN	PO BOX 3527 PAWTUCKET, RI 02861 USA
DIRECTOR	DENNIS REZMENIAN	PO BOX 3527 PAWTUCKET, RI 02861 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SCOTT HOLLINGWORTH 19 GLORIA ST PAWTUCKET , RI 02861

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of June, 2014 at 1:04:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARYELLEN MINTON
Signature of Authorized Person

Form No. 631
Revised 09/07

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