RI SOS Filing Number: 201442035870 Date: 06/27/2014 4:00 PM

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.	2. Exact name of the Corporation
37483	Rhode Island Senior Softball League
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To foster the game of softball for the benefit of persons over the age of 50.

5. Principal office address	City	State	Zip
100 Mann School Rd	Smithfield	RI	02917

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
+ Commissioner Anthony Tager	+ Asst. Commissioner Kurt Challberg
Street Address: 526 Putnam Pk.	Street Address: 4 Cedar Grove Rd
City: Greenville State: RI Zip: 02828	City: Exeter State: RI Zip: 02822
Secretary Name	**Treasurer Name**
Stephen Thompson	Roger Pincince
Street Address: 100 Mann School Rd	Street Address: 500 Mendon Rd Unit 210
City: Smithfield State: RI Zip: 02917	City: Cumberland State: RI Zip: 02864

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Anthony Rozzero	Richard Trend
Street Address: 263 Pulaski St	Street Address: 211 Rocky Hill Rd
City: West Warwick State: RI Zip: 02893	City: Rehobeth State: MA Zip: 02769
Director Name	**Director Name**
George St. Vincent	
Street Address: 24 Xavier Ct	Street Address:
City: Warwick State: RI Zip: 02888	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 27 2014
BY 727

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.

Stephen L. Thompson 6/25/14
Signature of Officer or Authorized Representative Date

Stephen L. Thompson / Secretary
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 04/2014
108730-15-976282