RI SOS Filing Number: 201442158560 Date: 07/01/2014 11:33 AM

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. 000792550

2. Name of Corporation New England Phoenix Softball

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 245 GLEANOR CHAPEL ROAD
City or Town: NORTH SCITUATE State: RI Zip: 02857 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

TO DEVELOP AND ENCOURAGE PLAYERS FASTPITCH SOFTBALL SKILLS TO ULTIMATELY PERFORM AT THE COLLEGIATE LEVEL THROUGH PRACTICE AND PARTICIPATION IN TOURNAMENTS WHICH SHOWCASE THE TALENT OF PLAYERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	AMY TUISKULA	386 STAFFORD STREET CHERRY VALLEY, MA 01611 USA
DIRECTOR	BARBARA HENDRICKS	98 THAYER STREET

0-8585-0

		MILLVILLE , RI 01529 USA
DIRECTOR	KEVIN VENTURINI	245 GLEANOR CHAPEL ROAD NORTH SCITUATE, RI 02864 USA
DIRECTOR	DANIEL GAMACHE	1139 AQUIDNECK MIDDLETOWN, RI 02842 US

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

KEVIN VENTURINI 245 GLEANOR CHAPEL ROAD NORTH SCITUATE , RI 02857

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

Signed this 1 Day of July, 2014 at 11:34:56 AM 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 AMY B. TUISKULA
Signature of Authorized Person

Form No. 631
Revised 09/07