



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. 000026826		2. Exact name of the Corporation Elmhurst Youth Baseball	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Teach citizenship, sportsmanship and teamwork to children 4-12 years through playing baseball.	
5. Principal office address 24 Leslie Drive		City Providence	State RI Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name John Fagnoli		Vice-President Name Adam Lee	
Street Address 24 Leslie Drive		Street Address 154 Jastram Street	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
Secretary Name Joseph Coughlin		Treasurer Name Carleen Signore	
Street Address 70 Sandringham Avenue		Street Address 62 Cumberland St.	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
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 Charles Ashton		Director Name Darryl Superczynski	
Street Address 680 River Avenue		Street Address 16 Cooper Street	
City Providence	State RI	Zip 02908	City North Providence State RI Zip 02904
Director Name Armand Batastini		Director Name James Wilson	
Street Address 192 Eaton Street		Street Address 35 Lawn Avenue Apt 2	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
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 _____

FILED

Check No _____

JUL 08 2014

By: _____

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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.

Joseph M. Coughlin 7/4/2014
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Joseph M. Coughlin
 Print or Type Name of Officer or Authorized Representative