



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. 000028412		2. Exact name of the Corporation Coventry Little League			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Little League Baseball			
5. Principal office address PO Box 102		City Coventry		State RI	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven Desjarlais			Vice-President Name Steven Martin		
Street Address 25 Teakwood Drive W			Street Address 152 Read Avenue		
City Coventry		State RI	Zip 02816	City Coventry	
Secretary Name R.J. Dowling		State RI	Zip 02816	City Coventry	
Street Address 340 Richardson Road		State RI	Zip 02816	City Coventry	
City Coventry		State RI	Zip 02816	City Coventry	
Treasurer Name Ken Fogell		State RI	Zip 02816	City Coventry	
Street Address 13 Gilles Street		State RI	Zip 02816	City Coventry	
City Coventry		State RI	Zip 02816	City Coventry	
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 Lou Simon			Director Name Mike Egan		
Street Address 14 Gentry Farm Drive			Street Address 175 Chaplin Drive		
City Coventry		State RI	Zip 02816	City Coventry	
Director Name Dennis O'Brien		State RI	Zip 02816	City Coventry	
Street Address 13 Walker Lane		State RI	Zip 02816	City Coventry	
City Coventry		State RI	Zip 02816	City Coventry	
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
NOV 17 2014
By 236035
A.A.

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 Steven Desjarlais Date 11/10/14

Steven Desjarlais

Print or Type Name of Officer or Authorized Representative