



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	Zip 02816
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	State RI	Zip 02816
Secretary Name R.J. Dowling			Treasurer Name Ken Fogell		
Street Address 340 Richardson Road			Street Address 13 Gilles Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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	State RI	Zip 02816
Director Name Dennis O'Brien			Director Name Matt Langlois		
Street Address 13 Walker Lane			Street Address 42 Holloway Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					

2014 NOV 17 AM 10:25
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

Steven Desjarlais 11/10/14
 Signature of Officer or Authorized Representative Date

Steven Desjarlais
 Print or Type Name of Officer or Authorized Representative