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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 2015 14

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
000146714	**Renaissance City Softball League**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **The promotion of Amateur Softball**

5. Principal office address	City	State	Zip
PO Box 40067	**Providence**	**RI**	**02940**

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

President Name	Street Address	City	State	Zip
Phillip J. Lagoy, Jr.	**40 Stenton Avenue #103**	**Providence**	**RI**	**02906**

Vice-President Name	Street Address	City	State	Zip
John Morse	**158 Meadow Road**	**Woonsocket**	**RI**	**02895**

Secretary Name	Street Address	City	State	Zip
Robert Rannin, Jr	**516 Academy Avenue #3**	**Providence**	**RI**	**02908**

Treasurer Name	Street Address	City	State	Zip
Mario Grande	**56 Woodhaven Blvd**	**North Providence**	**RI**	**02911**

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

Director Name	Street Address	City	State	Zip
Phillip J. Lagoy, Jr	**40 Stenton Avenue #103**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
John Morse	**158 Meadow Rd**	**Woonsocket**	**RI**	**02895**

Director Name	Street Address	City	State	Zip
Robert Rannin, Jr.	**516 Academy Avenue #3**	**Providence**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
Mario Grande	**56 Woodhaven Blvd**	**North Providence**	**RI**	**02911**

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 _____ DEC 05 2014

By 211776116

FOR SECRETARY OF STATE USE ONLY

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.

12/3/14
Signature of Officer or Authorized Representative — Date

PHILLIP J LAGOY JR.
Print or Type Name of Officer or Authorized Representative

Form No: 631
Revised: 04/2014
114518-2-980882