STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services DS
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.	2. Exact name of the Corporation		
27734	North Kingstown American Little league		
3. State of incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	to provide little league baseball to the children of NK		
5. Principal office address	City	State	Zip
Po box 846	N Kingstown	RI	02852

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

President Name			Vice-President Name		
Steven White			Chris Masse		
Street Address			Street Address		
20 Sutton Lane Unit 101			7 Yellowstone drive		
City	State	Zip	City	State	Zip
N Kingstown	RI	02852	N Kingstown	RI	02852
Secretary Name			Treasurer Name		
Melanie Smith			Kim Gonzales		
Street Address			Street Address		
Po box 846			70 Edmund Drive		
City	State	Zip	City	State	Zip
N Kingstown	RI	02852	N Kingstown	RI	02852

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

Director Name			Director Name		
Robert Rocco			Particia Goodkin		
Street Address			Street Address		
646 N Quidnessett Rd			34 Mitola Drive		
City	State	Zip	City	State	Zip
N Kingstown	RI	02852	N Kingstoen	RI	02852
Director Name			Director Name		
Max McAllister					
Street Address			Street Address		
559 N Quidnessett Rd					
City	State	Zip	City	State	Zip
N Kingstown	RI	02852			

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

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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.

Signature of Officer or Authorized Representative — Date 12/10/14

Robert Rocco
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114711-3-980854