



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. 789133		2. Exact name of the Corporation Burrillville Men's Softball League, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Mens Recreational Softball			
5. Principal office address 303 Church St		City Pascoag		State RI	Zip 02859
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James T. Richard Sr			Vice-President Name Troy Phillips		
Street Address 303 Church St			Street Address 770 Joslin Rd		
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
Secretary Name Eric Jacquact			Treasurer Name Chris Marshall		
Street Address 1027 Victory Hwy			Street Address 318 Lake Dr		
City Maplville	State RI	Zip 02839	City Chepachet	State RI	Zip 02814
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name <i>Same</i>			Director Name <i>Same</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <i>Same</i>			Director Name <i>Same</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

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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

James T. Richard
Print or Type Name of Officer or Authorized Representative