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.**

2014 DEC 22 AM 9:49 RECEIVED STATE CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation
789133	**Burrillville Men's Softball League, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Mens Recreational Sofball**

5. Principal office address	City	State	Zip
303 Church St	**Pascoag**	**RI**	**02859**

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

President Name	Street Address	City	State	Zip
James T. Richard Sr	**303 Church St**	**Pascoag**	**RI**	**02859**

Vice-President Name	Street Address	City	State	Zip
Troy Phillips	**770 Joslin Rd**	**Harrisville**	**RI**	**02830**

Secretary Name	Street Address	City	State	Zip
Eric Jacquact	**1027 Victory Hwy**	**Mapliville**	**RI**	**02839**

Treasurer Name	Street Address	City	State	Zip
Chris Marshall	**318 Lake Dr**	**Chepachet**	**RI**	**02814**

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
Same				

Director Name	Street Address	City	State	Zip
Same				

Director Name	Street Address	City	State	Zip
Same				

Director Name	Street Address	City	State	Zip
Same				

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: _____

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DEC 22 2014
BY VL 238788
9:49

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.

Amy T. Richard Sr 12/22/14
Signature of Officer or Authorized Representative — Date

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

Form No. 631
Revised: 04/2014