RI SOS Filing Number: 201452526410 Date: 12/30/2014 4:00 PM

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.	2. Exact name of the Corporation
176074	Coventry Basketball Association, Inc
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Not for Profit Town of Coventry Recreational youth boys and girls basketball league

5. Principal office address	City	State	Zip
PO Box 520	Coventry	RI	02816

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

President Name	Vice-President Name
Jason Martin	matthew martin
Street Address: 26 Acres of Pine	Street Address: 130 Widsor Park Drive
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Secretary Name: Peter willett	Treasurer Name: Karin Sacchetti
Street Address: 16 Highwood Drive	Street Address: 66 Fieldstone Drive
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) ☐

Director Name	Director Name
Jason Martin	matthew martin
Street Address: 26 Acres of Pine	Street Address: 130 Widsor Park Drive
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Director Name: Peter willett	Director Name: Karin Sacchetti
Street Address: 16 Highwood Drive	Street Address: 66 Fieldstone Drive
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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
DEC 30 2014

File Date _____
Check No _____
By: _____ **$** 12598

FOR SECRETARY OF STATE USE ONLY

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.

K. E. Sacchetti 12/28/2014
Signature of Officer or Authorized Representative Date

Karin E Sacchetti
Print or Type Name of Officer or Authorized Representative

Form No. 631
~115157-16-977050