



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. 153027		2. Exact name of the Corporation Mount Pleasant Little League Inc.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island recreational baseball and softball for boys and girls	
5. Principal office address 922 Hope St.		City Providence	State R.I.
		Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Thomas Bartone		Vice-President Name Louis Box	
Street Address 139 Terrace Ave		Street Address 34 View St	
City Providence	State RI	City Providence	State R.I.
Zip 02860		Zip 02908	
Secretary Name Leo Tracy		Treasurer Name Stephen Marks	
Street Address 25 Lyndhurst Ave		Street Address 922 Hope St.	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02906	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Anthony De Simone		Director Name David Dermksian	
Street Address 55 Cumberland Ave.		Street Address 97 Imera Ave	
City Providence	State R.I.	City Providence	State RI
Zip 02908		Zip 02909	
Director Name Ahmed Quezada		Director Name	
Street Address 47 Clematis St.		Street Address	
City Providence	State R.I.	City	State
Zip 02908		Zip	
8. REGISTERED AGENT IN RHODE ISLAND Stephen Marks			

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

SECRETARY OF STATE
 CORPORATION DIV
 2015 APR 13 PM 12:12

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY APR 13 2015

FILED *m*

BY 246778 12:13

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.

Stephen Marks April 1, 2015
 Signature of Officer or Authorized Representative Date

Stephen Marks
 Print or Type Name of Officer or Authorized Representative