



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000028009

**2. Name of Corporation** North Smithfield Little League Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 121  
MAIN STREET  
City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

LITTLE LEAGUE BASEBALL

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT SKINNER	2 OLD POUND HILL ROAD NORTH SMITHFIELD, RI 02896 USA
TREASURER	KELLY A PICKERING	25 BRIAN AVENUE NORTH SMITHFIELD, RI 02896 USA

SECRETARY	MARY-BETH SOSA	126 POMONA STREET NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	MARY-BETH SOSA	126 POMONA STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JARED WETMORE	24 MATTITY ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	PAUL GARNEAU	106 MECHANIC STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ROBERT SKINNER	2 OLD POUND HILL ROAD NORTH SMITHFIELD, RI 02896 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

H. ANTHONY DELLER, CPA 10 RAILROAD STREET, UNIT 77S SLATERSVILLE , RI 02876

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

**Signed this 25 Day of June, 2015 at 5:58:15 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By H ANTHONY DELLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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