

## 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 \_

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 o	f the Corporation	······································	<del></del>		
26632	Appo	naug o	girls Softba	all Inc		
State of Incorporation	<ol> <li>Brief description</li> </ol>	on of the character of t	ousiness conducted in Rhode Islan	d		
RI	Fa	stpitch	Softball	League	-	
5. Principal office address PO BOX 693	34		City	State	02886	
6. LIST ALL OFFICERS (NAMES	AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT			
President Name Pobert Chevian			Sulle Hopgood &			
Street Address 45 Priscilla Ave			Street Address 40 Indi	an Hill	esale 355	
	State RI	zip 0288L	City Warwick	State	Zip 036 80 8	
Dan Hughes			Treasurer Name	irner	<b>5</b> S S S S S S S S S S S S S S S S S S S	
Street Address 19 Cavi	riage State RI	Road	Street Address 181 9 VA City WAYWILK	ysm A	venue "	
city Cranstm	State	Zip 02920	City Warwick	State	Zip 02886	
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES). RHODE ISLAN	D CORPORATIONS <u>MUST</u> LIST	NO LESS THAN TI	REE (3) DIRECTORS	
Director Name John Henry			Director Name Steve	Miga	500 100 100 100 100 100 100 100 100 100	
Street Address	idy Lai	nc	Street Address	POCH R	vad	
city Warwick	State I	Zip 02889	City Warwick	State	Zip N 02880	
Charles McCauchou			Director Name			
18-3 Pali	ace Av	u	Street Address		20 ATY	
	State	Zip 02886	City	State	ZPR NS CO	
8. REGISTERED AGENT IN RHO						
This information is currently of r					<b>3</b> <≨	
This report must be signed by eithe or Trustee	r the President, V	ice-President, Secreta	ry, Assistant Secretary, Treasurer,	duly Authorized Rep	presentative, Receiver	
File Date		=11 m M	Under penalty of perjury, I d this report, including any ac and that all statements cont	companying sche	dules and statements,	
Check No	<del></del>	FILED.	11/14/1	anjeu nerem are u	7/15/15	
Ву:		P 2 1 2015	Signature of Officer or Authori	zed Representative	)	
FOR SECRETARY OF STATE U		1 4 1 2013	<u> </u>	<b>.</b>	er. treasu	
		25/27/1	o Patrium	4. TWIN	er, treasu	
form No. 631 Revised: 04/2014	BY	1:01	Print or Type Name of Officer	or Authorized Repre	sentative	