



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.

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1. Entity ID No. <u>26632</u>		2. Exact name of the Corporation <u>Apponaug girls Softball Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Fastpitch Softball League</u>	
5. Principal office address <u>PO Box 6934</u>		City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Robert Chenian</u>		Vice-President Name <u>Julie Hopgood</u>	
Street Address <u>45 Priscilla Ave</u>		Street Address <u>40 Indian Hill Road</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>Dan Hughes</u>		Treasurer Name <u>Pathe Turner</u>	
Street Address <u>19 Carriage Road</u>		Street Address <u>181 Grayson Avenue</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
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 <u>John Henry</u>		Director Name <u>Steve Miga</u>	
Street Address <u>1030 Sandy Lane</u>		Street Address <u>4000 Post Road</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02889</u>
Director Name <u>Charles McCaughey</u>		Director Name	
Street Address <u>183 Palace Ave</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State <u>RI</u> Zip <u>02886</u>
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

File Date _____

Check No _____

By: _____

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SEP 21 2015

BY CA 256740

1:00

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.

[Signature] Date 7/15/15

Signature of Officer or Authorized Representative Date

Patricia Turner, treasurer
 Print or Type Name of Officer or Authorized Representative