



**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 **2015**

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. <b>88881</b>		2. Exact name of the Corporation <b>Cumberland Youth Baseball/Softball League Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Provide boys and girls aged 5 to 18 the opportunity to play baseball and softball in our town without regard to a players skill level or ability to pay.</b>			
5. Principal office address <b>2130 Mendon Road, Suite 3, PMB 335</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>John Shevlin</b>			Vice-President Name <b>Michael Anderson</b>		
Street Address <b>34 Bishop Drive</b>			Street Address <b>335 Abbey Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Linda Hancock</b>			Treasurer Name <b>Sandra Pickering</b>		
Street Address <b>266 Tower Hill Road</b>			Street Address <b>24 Fairview Avenue</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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 <b>Kim Shabomardenly</b>			Director Name <b>Bruce Stanford</b>		
Street Address <b>12 Thomas Leighton Blvd</b>			Street Address <b>11 Old Meadow Lane</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Bill Davock</b>			Director Name <b>Ray Creamer</b>		
Street Address <b>3 Mimosa Court</b>			Street Address <b>20 Thomoas Leighton Blvd</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

**FILED**

OCT 21 2015

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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]* 10-18-15  
 Signature of Officer or Authorized Representative Date

*Sandra Pickering*  
 Print or Type Name of Officer or Authorized Representative