RI SOS Filing Number: 201587938290 Date: 11/16/2015 4:00 PM

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.	2. Exact name of the Corporation
790229	The Rhode Island Umpires Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Furnish umpires to youth and adult baseball leagues in the State of Rhode Island

5. Principal office address	City	State	Zip
19 Hathaway Drive	West Warwick	RI	02893

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
James Morrison			Rob Healey		
Street Address			Street Address		
19 Hathaway Drive			Warwick Avenue		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Warwick	RI	02886
Secretary Name			Treasurer Name		
Alan Kushner			Larry Reynolds		
Street Address			Street Address		
184 Concord Avenue			75 Myette Street		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Woonsocket	RI	02895

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
John Macari			Paul Giarusso		
Street Address			Street Address		
7 Grape Court			41 Tartaglia Street		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Johnston	RI	02919
Director Name			Director Name		
Joe Gravina					
Street Address			Street Address		
286 Old County Street					
City	State	Zip	City	State	Zip
Smithfield	RI	02917			

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
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BY

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 of Officer or Authorized Representative — Date

James Morrison
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
127871-1-1055428