RI SOS Filing Number: 201589519730 Date: 12/21/2015 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 |
|---|---|
| **65200** | **North Providence West Little League, INC** |
| 3. State of Incorporation<br>**RI** | 4. Brief description of the character of business conducted in Rhode Island<br>**Youth Little League Baseball** |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| **PO Box 113843** | **North Providence** | **RI** | **02911** |

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

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| **Sal Piccirillo** | | | **Ronnie Giorgio** | | |
| Street Address<br>**49 Allen Ave** | | | Street Address<br>**76 Bicentennial Way** | | |
| City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** | City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** |
| Secretary Name<br>**Derrick Leveillee** | | | Treasurer Name<br>**Paul Capotosto** | | |
| Street Address<br>**52 Swan St** | | | Street Address<br>**5 Zipporah ave** | | |
| City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** | City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** |

**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 | | |
|---|---|---|---|---|---|
| **Sal Piccirillo** | | | **Ronnie Giorgio** | | |
| Street Address<br>**49 Allen Ave** | | | Street Address<br>**76 Bicentennial Way** | | |
| City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** | City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** |
| Director Name<br>**Paul Capotosto** | | | Director Name | | |
| Street Address<br>**5 Zipporah ave** | | | Street Address | | |
| City<br>**North Providence** | State<br>**RI** | Zip<br>**02911** | City | State | Zip |

**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**
DEC 21 2015
BY HL 1180

**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.**

Sal W. Piccirillo — **12/15/2015**
Signature of Officer or Authorized Representative — Date

**Sal W. Piccirillo, President NPWLL**
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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