RI SOS Filing Number: 201692003520 Date: 02/05/2016 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
000861131	**J and E Jaguars**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To provide and support AAU baseball teams in RI.**

5. Principal office address	City	State	Zip
7 Lincoln Ave	**Barrington**	**RI**	**02806**

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

President Name			Vice-President Name		
Jason Barber			**Geoffrey Turner**		
Street Address			Street Address		
1086 South Broadway			**7 Lincoln Ave**		
City / State / Zip			City / State / Zip		
East Providence	**RI**	**02914**	**Barrington**	**RI**	**02806**
Secretary Name			Treasurer Name		
Geoffrey Turner			**Leigh Turner**		
Street Address			Street Address		
7 Lincoln Ave			**320 Greenwood Ave**		
City / State / Zip			City / State / Zip		
Barrington	**RI**	**02806**	**Rumford**	**RI**	**02916**

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		
Jason Barber			**Scott Budnick**		
Street Address			Street Address		
1086 South Broadway			**9 Fletcher St**		
City / State / Zip			City / State / Zip		
East Providence	**RI**	**02914**	**Rumford**	**RI**	**02916**
Director Name			Director Name		
Geoffrey Turner					
Street Address			Street Address		
7 Lincoln Ave					
City / State / Zip			City / State / Zip		
Barrington	**RI**	**02806**			

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
FEB 05 2016
By 267020
ICM

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.

01/29/2016
Signature of Officer or Authorized Representative — Date

Geoffrey FW Turner
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
132139-171061843