



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 2016

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>000317620</u> | | 2. Exact name of the Corporation <u>CIBAENA SOFTBALL LEAGUE</u> | | | |
| 3. State of Incorporation <u>R.I.</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>SOFTBALL LEAGUE</u> | | | |
| 5. Principal office address <u>33 BELMONT AVENUE</u> | | City <u>PROVIDENCE</u> | State <u>R.I.</u> | Zip <u>02908</u> | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>ALEXANDRA BATISTA</u> | | Vice-President Name <u>ANEUDY ALMONTE</u> | | | |
| Street Address <u>33 BELMONT AVE</u> | | Street Address <u>33 BELMONT AVE</u> | | | |
| City <u>PROVIDENCE</u> | State <u>R.I.</u> | Zip <u>02908</u> | City <u>PROVIDENCE</u> | State <u>R.I.</u> | Zip <u>02908</u> |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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>JOSE ALMONTE</u> | | Director Name <u>ANEUDY ALMONTE</u> | | | |
| Street Address <u>288 HUNT ST. APT 3</u> | | Street Address <u>33 BELMONT AVE</u> | | | |
| City <u>CENTRAL FALLS</u> | State <u>R.I.</u> | Zip <u>02863</u> | City <u>PROVIDENCE</u> | State <u>R.I.</u> | Zip <u>02908</u> |
| Director Name <u>ALEXADRA BATISTA</u> | | Director Name | | | |
| Street Address <u>33 BELMONT AVE</u> | | Street Address | | | |
| City <u>PROVIDENCE</u> | State <u>R.I.</u> | Zip <u>02908</u> | 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

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|---------------------------------|--|
| File Date | |
| Check No | |
| By | |
| FOR SECRETARY OF STATE USE ONLY | |

FILED

MAR 22 2016

By C 9418720

JOSE ALMONTE

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

3/22/16