



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. <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 ("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

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 22 2016

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A.A. 2:58 p.m.

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.

Jose Almonte 3/22/16
Signature of Officer or Authorized Representative Date
JOSE ALMONTE
Print or Type Name of Officer or Authorized Representative