



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR 22 PM 2:57

File Date _____
 Check No _____
 By _____
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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.

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