RI SOS Filing Number: 201696132640 Date: 04/21/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIVISION

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE**

1. Entity ID Number	2. Exact name of the Corporation
001070295	New England Softball Club Inc.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Youth softball non-profit

5. Principal Office Address	City	State	Zip
185 East Rd	Tiverton	RI	02878

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Jose Luis Frias	Vice-President Name: Christopher J. Messier
Street Address: 185 East Rd	Street Address: 531 Lees River Av.
City: Tiverton State: RI Zip: 02878	City: Somerset State: MA Zip: 02725
Secretary Name: Donald Whitmarsh	Treasurer Name: President
Street Address: 26 Sagamore st	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: Jose Luis Frias	Director Name: Christopher J. Messier
Street Address: 185 East Rd.	Street Address: 531 Lee's River Av.
City: Tiverton State: RI Zip: 02878	City: Somerset State: MA Zip: 02725
Director Name: Donald Whitmarsh	Director Name:
Street Address: 26 Sagamore st	Street Address:
City: Portsmouth State: RI Zip: 02871	City: State: Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Jose Luis Frias	4/21/16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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BY 9814510

Form No. 631
Revised: 2015
186188-1-1118001