



**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.

1. Entity ID No. <b>752602</b>		2. Exact name of the Corporation <b>Rhode Island Babe Ruth Baseball Leagues, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>A non-profit baseball program, guided and governed by the principles and standards of Babe Ruth League Inc. a New Jersey Corporation</b>			
5. Principal office address <b>3 Jared Court</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02911</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Michael P. Walker</b>		Vice-President Name			
Street Address <b>3 Jared Court</b>		Street Address			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Secretary Name		Treasurer Name <b>Michael P. Walker</b>			
Street Address		Street Address <b>3 Jared Court</b>			
City	State	Zip	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>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"/></b>					
Director Name <b>Michael P. Walker</b>		Director Name <b>James Spearman</b>			
Street Address <b>3 Jared Court</b>		Street Address <b>32 Maude Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>James Hicks</b>		Director Name			
Street Address <b>6 Gibson Park Place</b>		Street Address			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**MAY 16 2016**

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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.

Michael P. Walker 5-14-2016  
Signature of Officer or Authorized Representative Date

**Michael P. Walker, President**

Print or Type Name of Officer or Authorized Representative