



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. 752602		2. Exact name of the Corporation Rhode Island Babe Ruth Baseball Leagues, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A non-profit baseball program, guided and governed by the principles and standards of Babe Ruth League Inc. a New Jersey Corporation			
5. Principal office address 3 Jared Court		City North Providence		State RI	Zip 02911
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael P. Walker		Vice-President Name			
Street Address 3 Jared Court		Street Address			
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name		Treasurer Name Michael P. Walker			
Street Address		Street Address 3 Jared Court			
City	State	Zip	City North Providence	State RI	Zip 02911
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 Michael P. Walker		Director Name James Spearman			
Street Address 3 Jared Court		Street Address 32 Maude Avenue			
City North Providence	State RI	Zip 02911	City Coventry	State RI	Zip 02816
Director Name James Hicks		Director Name			
Street Address 6 Gibson Park Place		Street Address			
City Newport	State RI	Zip 02840	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

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