



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000796910

2. Name of Corporation BSB E.A.G.L.E.S., Incorporated

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 42 RAVENSWOOD AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EMPOWER ACHIEVEMENT AND GROWTH IN YOUTH THROUGH LEADERSHIP, EDUCATION AND SPORT; TO ORGANIZE AND RUN YOUTH SPORTING TEAMS, CAMPS AND OTHER DEVELOPMENTAL PROGRAMS; AND TO ENGAGE IN ALL ACTIVITIES TO RAISE MONEY TO SUPPORT THESE OBJECTIVES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
DIRECTOR	CHRISTINA BATASTINI	42 RAVENSWOOD AVENUE PROVIDENCE, RI 02908 USA

DIRECTOR	LOU SCWECHHEIMER	25 CHARTER OAK COURT N. KINGSTOWN, RI 02852 USA
DIRECTOR	ARMANDO E. BATASTINI III	P.O. BOX 458 HARMONY, RI 02898-0458 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRISTINA BATASTINI 42 RAVENSWOOD AVENUE PROVIDENCE , RI 02908

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

Signed this 19 Day of May, 2016 at 3:21:30 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHRISTINA BATASTINI
Signature of Authorized Person

Form No. 631
Revised 09/07

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