



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

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			
000793697		Approved Baseball Umpires of Rhode Island			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Provide Umpiring Services to Amateur Baseball Leagues			
5. Principal Office Address		City	State	Zip	
PO Box 4062		Middletown	RI	02842	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Leeds			Vice-President Name Robert Bellemore		
Street Address 2156 Main Rd			Street Address 8 Newbury Drive		
City Tiverton	State RI	Zip 02878	City Westerly	State RI	Zip 02891
Secretary Name Jim Nuttall			Treasurer Name Michael Carpenter		
Street Address 87 North Hill Rd			Street Address 26 Atlantic St		
City Stewartstown	State NH	Zip 03576	City Newport	State RI	Zip 02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name John Leeds			Director Name Robert Bellemore		
Street Address 2156 Main Rd			Street Address 8 Newbury Drive		
City Tiverton	State RI	Zip 02878	City Westerly	State RI	Zip 02891
Director Name Jim Nuttall			Director Name Michael Carpenter		
Street Address 87 North Hill Rd			Street Address 26 Atlantic St		
City Stewartstown	State NH	Zip 03576	City Newport	State RI	Zip 02840
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 Michael J Carpenter				Date 6/1/2016	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED

JUN 06 2016