



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

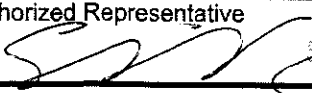
Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUN 30 PM 1:22

1. Entity ID Number 000028412		2. Exact name of the Corporation Coventry Little League			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Little League Baseball			
5. Principal Office Address PO Box 102			City Coventry	State RI	Zip 02816
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Desjarlais			Vice-President Name Mike Egan		
Street Address 25 Teakwood Dr W			Street Address 175 Chaplin Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Eric Proulx			Treasurer Name Ken Fogell		
Street Address 66 Remington Farm Dr			Street Address 13 Gilles St		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lou Simon			Director Name Dan Burgjohann		
Street Address 14 Gentry Farm Drive			Street Address 4 Glacier Way		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name William Begones			Director Name Donovan Frenze		
Street Address 10 Knotty Oak Lane			Street Address 23 Paulette Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Steven Desjarlais				Date 6/24/2016	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JUN 30 2016

BY CM 278064

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov