



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

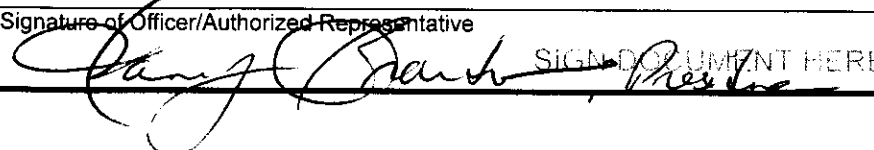
Annual Report for the year: 2016

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.

1. Entity ID Number 72732		2. Exact name of the Corporation Cranston National Budlong Little League, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to promote little league baseball			
5. Principal Office Address 362 Broadway		City Providence	State RI	Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuela Brandow			Vice-President Name Bob DeCosta		
Street Address 689 Scituate Avenue			Street Address 179 Sweetbriar Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Secretary Name Angie Salvato			Treasurer Name Lois DeCosta		
Street Address 67 Clark Avenue			Street Address 179 Sweetbriar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Manuela Brandow			Director Name P J Bessette		
Street Address 689 Scituate Avenue			Street Address 100 Stone Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name Alison Izzi			Director Name Todd Regine		
Street Address 8 Penny Lane			Street Address 37 Holland Street		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Manuela Brandow, President				Date 7/11/16	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 13 2016

BY

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FORM 631 - Revised: 05/2016