

Amended



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2016 DEC 21 AM 10:10

1. Entity ID Number <u>001070295</u>		2. Exact name of the Corporation <u>New England Softball Club, Inc.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Youth Softball non-profit</u>			
5. Principal Office Address <u>54 Easton Ave.</u>		City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jose Luis Frias</u>		Vice-President Name <u>Michael Rodriguez</u>			
Street Address <u>54 Easton Ave.</u>		Street Address <u>135 Grove Ave.</u>			
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <u>Jose Luis Frias</u>		Director Name <u>Michael Rodriguez</u>			
Street Address <u>54 Easton Ave.</u>		Street Address <u>135 Grove Ave</u>			
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>
Director Name		Director Name <u>Donald Whitmarsh</u>			
Street Address		Street Address <u>26 Sagamore St</u>			
City	State	Zip	City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>
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 <u>Jose Luis Frias</u>				Date <u>12/21/16</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE	

FILED

DEC 21 2016

BY A.A. 10:10A.M.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

