



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

Annual Report for the year: 2017
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
 2017 MAR 24 AM 10:17

1. Entity ID Number 789133	2. Exact name of the Corporation Burrillville Men's Softball League, Inc.
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island men's softball

5. Principal Office Address 303 Church Street	City Pascoag	State RI	Zip 02859
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Richard		Vice-President Name Joshua Kimatian			
Street Address 303 Church Street		Street Address 26 Blackinton Drive			
City Pascoag	State RI	Zip 02859	City Chepachet	State RI	Zip 02814
Secretary Name Gilbert Lefort		Treasurer Name Christopher Marshall			
Street Address 29 Briar Drive		Street Address 318 Lake Drive			
City Milford	State MA	Zip 01757	City Chepachet	State RI	Zip 02814

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 GILBERT LEFORT		Director Name CHRISTOPHER MARSHALL			
Street Address 29 BRIAR DR		Street Address 318 LAKE DR			
City Milford	State MA	Zip 01757	City Chepachet	State RI	Zip 02814
Director Name JOSHUA KIMATIAN		Director Name			
Street Address 26 BLACKINTON DR		Street Address			
City Chepachet	State RI	Zip 02814	City	State	Zip

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 James Richard	Date 3/24/2017
Signature of Officer/Authorized Representative <i>James Richard</i>	FILED SIGN DOCUMENT HERE MAR 24 2017

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

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