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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1. Entity ID Number	2. Exact name of the Corporation
000026998	Smithfield Girl's Softball League, Incorporated
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Girls Softball League

5. Principal Office Address	City	State	Zip
PO Box 17393	Smithfield	RI	02917

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Scott Boyd			Vice-President Name: Mario Venditelli		
Street Address: 83 Clark Road			Street Address: 205 Lydia Ann Road		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Jacques Laflamme			Treasurer Name: Brandy Narducci		
Street Address: 4 Capron Road			Street Address: 36 Lakeside Drive		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.
Check the box to indicate an attachment ☐

Director Name: Gerald Campbell			Director Name: Mike Costa		
Street Address: 16 Glenna Drive			Street Address: 3 Primrose Drive		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Director Name: Jim Siddall			Director Name: Mike Oliveira		
Street Address: 171 Ridge Road			Street Address: 15 Kennesington Drive		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

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	Date
Brandy Narducci	3/18/2017

Signature of Officer/Authorized Representative
Brandy Narducci

FILED
MAR 24 2017
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615