RI SOS Filing Number: 201744872920 Date: 6/5/2017 4:00:00 PM

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 i	r torm is not tiled i	by July 30.				
1. Entity ID Number	2. Exact name of the Corporation					
000793697	Approved Baseball Umpires of Rhode Island					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Provide Umpiring Services to Amateur Baseball Leagues.					
4. NAICS Code	1					
711219						
6. Principal Office Address			City	State	Zip	
PO Box 4062			Middletown	RI	02842	
7. List ALL officers (names and ac	dresses)			Check the box to indicate	an attachment	
President Name John Leeds Vice-President Name Robert Bellemore						
Street Address 2156 Main Road			Street Address 8 Newbury Drive			
City Tiverton	State RI	<sup>Zip</sup> 02878	City Westerly	State RI	<sup>Zip</sup> 02891	
Secretary Name Jim Nuttail  Treasurer Name Michael Carpenter				Carpenter		
Street Address 87 North Hill Rd			Street Address 26 Atlantic St			
City Stewartstown	State NH	<sup>Zip</sup> 03576	City Newport	State RI	<sup>Zip</sup> 02840	
8. List ALL directors (names and a	addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name John Leeds			Director Name Robert Bellemore			
Street Address 2156 Main Rd			Street Address 8 Newbury Drive			
City Tiverton	State RI	Zip 02878	City Westerly	State RI	<sup>Zip</sup> 02891	
			Director Name Michael Carpenter			
Street Address 87 North Hill Rd			Street Address 26 Atlantic St			
City Stewartstown	State RI	<sup>Zip</sup> 03576	City Newport	State RI	<sup>Zip</sup> 02840	
9. Registered Agent in Rhode Isla	nd. This informatio	on is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	41.	
Under penalty of perjury, I decia statements, and that all statements				accompanying sched	ules and	
This report must be signed by either the Pre	sident, Vice-Presider	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date		
Michael J Carpenter	1		6/1/2017			
Signature of Office Afthorized Re	presentative	static specification	·························Elki			
<u> </u>				<b></b>		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUN 0 5 2017

FORM 631 - Revised: 05/2017