



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

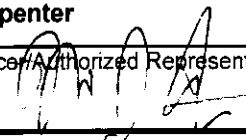
Annual Report for the year: **2017**

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.

1. Entity ID Number 000793697		2. Exact name of the Corporation Approved Baseball Umpires of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Umpiring Services to Amateur Baseball Leagues.			
4. NAICS Code 711219					
6. Principal Office Address PO Box 4062		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) 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	Zip 02878	City Westerly	State RI	Zip 02891
Secretary Name Jim Nuttall		Treasurer Name Michael Carpenter			
Street Address 87 North Hill Rd		Street Address 26 Atlantic St			
City Stewartstown	State NH	Zip 03576	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate 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	Zip 02891
Director Name Jim Nuttall		Director Name Michael Carpenter			
Street Address 87 North Hill Rd		Street Address 26 Atlantic St			
City Stewartstown	State RI	Zip 03576	City Newport	State RI	Zip 02840
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael J Carpenter				Date 6/1/2017	
Signature of Officer/Authorized Representative 					

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
JUN 05 2017
BY 151 DS

FORM 631 - Revised: 05/2017