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	2. Exact name of the Corporation
000793697	**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	City	State	Zip
PO Box 4062	**Middletown**	**RI**	**02842**

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

President Name	Street Address	City	State	Zip
John Leeds	**2156 Main Road**	**Tiverton**	**RI**	**02878**

Vice-President Name	Street Address	City	State	Zip
Robert Bellemore	**8 Newbury Drive**	**Westerly**	**RI**	**02891**

Secretary Name	Street Address	City	State	Zip
Jim Nuttall	**87 North Hill Rd**	**Stewartstown**	**NH**	**03576**

Treasurer Name	Street Address	City	State	Zip
Michael Carpenter	**26 Atlantic St**	**Newport**	**RI**	**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	Street Address	City	State	Zip
John Leeds	**2156 Main Rd**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Robert Bellemore	**8 Newbury Drive**	**Westerly**	**RI**	**02891**

Director Name	Street Address	City	State	Zip
Jim Nuttall	**87 North Hill Rd**	**Stewartstown**	**RI**	**03576**

Director Name	Street Address	City	State	Zip
Michael Carpenter	**26 Atlantic St**	**Newport**	**RI**	**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.

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
Michael J Carpenter	**6/1/2017**

Signature of Officer/Authorized Representative

FILED
JUN 05 2017
BY MLDS

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: 05/2017