



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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 BUS SVCS DIV

2017 JUL 28 AM 11:48

1. Entity ID Number 790229		2. Exact name of the Corporation THE RHODE ISLAND UMPIRES ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROVIDING UMPIRING SERVICES TO AMATEUR BASEBALL LEAGUES			
4. NAICS Code 813910 - Business Associati <input type="checkbox"/>					
6. Principal Office Address 19 HATHAWAY DRIVE			City WEST WARWICK	State RI	Zip 02893
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES MORRISON			Vice-President Name KYLE RHODES		
Street Address 19 HATHAWAY DRIVE			Street Address 15 BAYBERRY WAY		
City WEST WARWICK	State RI	Zip 02893	City WARWICK	State RI	Zip 02889
Secretary Name DAVE MASSE			Treasurer Name LAWRENCE REYNOLDS		
Street Address 440 GARDINER ROAD			Street Address 75 MYETTE STREET		
City WEST KINGSTON	State RI	Zip 02892	City WOONSOCKET	State RI	Zip 02895
8. 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 JOHN MACARI			Director Name RICHARD CUNNINGHAM		
Street Address 7 GRAPE COURT			Street Address 2 Gleason Street		
City CRANSTON	State RI	Zip 02920	City Cranston	State RI	Zip 02910
Director Name JASON KEITH			Director Name		
Street Address 97 RANDALL STREET FLOOR # 1			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
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 JAMES MORRISON					Date 7/15/17
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED

JUL 28 2017

BY *CA 309241*