



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

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2017 SEP 27 AM 9:11

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 <u>001070295</u>	2. Exact name of the Corporation <u>New England Softball Club Inc.</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>youth softball non-profit</u>
4. NAICS Code <u>611620</u>	

6. Principal Office Address <u>54 Easton Ave.</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02971</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jose Luis Frias</u>		Vice-President Name <u>Michael Rodrigues</u>			
Street Address <u>54 Easton Ave.</u>		Street Address <u>135 Grove Ave.</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02971</u>	City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

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 <u>Jillian Frias</u>		Director Name <u>Michael Rodrigues</u>			
Street Address <u>54 Easton Ave</u>		Street Address <u>135 Grove Ave</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02971</u>	City <u>Somerset</u>	State <u>MA</u>	Zip <u>02726</u>
Director Name		Director Name <u>Donald Whitmons</u>			
Street Address		Street Address <u>26 Sagamore St</u>			
City	State	Zip	City <u>Providence</u>	State <u>RI</u>	Zip <u>02971</u>

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 <u>Jose Luis Frias</u>	Date <u>9/27/17</u>
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Signature of Officer/Authorized Representative SIGN DOCUMENT HERE

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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