



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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CORPORATIONS DIV

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|  |                 |   |                              |                         |                     |
|--|-----------------|---|------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>505913</b>   |                 | 2. Exact name of the Corporation<br><b>North Providence Smithfield Babe Ruth League, Inc.</b>   |                              |                         |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Operation and maintenance of youth baseball league and other related activities</b> |                              |                         |                     |
| 4. NAICS Code<br><b>713990</b>   |                 |   |                              |                         |                     |
| 6. Principal Office Address<br><b>40 Power Road</b>  |                 | City<br><b>Pawtucket,</b>   |                              | State<br><b>RI</b>      | Zip<br><b>02860</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |                              |                         |                     |
| President Name <b>Louis C. Zammarelli</b>  |                 | Vice-President Name <b>Ralph Simonelli</b>  |                              |                         |                     |
| Street Address <b>40 Power Road</b>  |                 | Street Address <b>73 Brookside Avenue</b>   |                              |                         |                     |
| City <b>Pawtucket</b>  | State <b>RI</b> | Zip <b>02860</b>  | City <b>North Providence</b> | State <b>RI</b>         | Zip <b>02911</b>    |
| Secretary Name <b>Michael Sollitto</b>   |                 | Treasurer Name <b>Gerard Dandeneau</b>  |                              |                         |                     |
| Street Address <b>32 Bicentennial Way</b>  |                 | Street Address <b>15 Watauga Avenue</b>   |                              |                         |                     |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02911</b>  | City <b>North Providence</b> | State <b>RI</b>         | Zip <b>02911</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |                              |                         |                     |
| Director Name <b>Lou Zammarelli</b>  |                 | Director Name <b>Gerard Dandeneau</b>   |                              |                         |                     |
| Street Address <b>40 Power road</b>  |                 | Street Address <b>15 Watauga Avenue</b>   |                              |                         |                     |
| City <b>Pawtucket</b>  | State <b>RI</b> | Zip <b>02860</b>  | City <b>North Providence</b> | State <b>RI</b>         | Zip <b>02911</b>    |
| Director Name <b>Michael Sollitto</b>  |                 | Director Name   |                              |                         |                     |
| Street Address <b>32 Bicentennial Way</b>  |                 | Street Address  |                              |                         |                     |
| City <b>North Providence</b>   | State <b>RI</b> | Zip <b>02911</b>  | 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.  |                 |   |                              |                         |                     |
| <b>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.</b>        |                 |   |                              |                         |                     |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>                                  |                 |   |                              |                         |                     |
| Name of Officer/Authorized Representative<br><b>Louis C. Zammarelli</b>  |                 |   |                              | Date<br><b>1/9/2018</b> |                     |
| Signature of Officer/Authorized Representative   |                 |   |                              |                         |                     |

**FILED**

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FORM 631 - Revised: 11/2017