

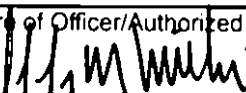


Department of State - Business Services Division

Annual Report for the year: **2018**
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.

SECRETARY OF STATE
CORPORATIONS DIV
2019 APR 15 AM 11:17

1. Entity ID Number 000083161		2. Exact name of the Corporation Chariho Girls Summer Softball League			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide instructional and recreational softball for girls in the towns of Charlestown, Richmond and Hopkinton.			
4. NAICS Code 713990					
6. Principal Office Address 1027 Main St		City Hope Valley		State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Conklin			Vice-President Name Kevin Dorgan		
Street Address 163 Dye Hill Road			Street Address 7 Thomas Lane		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Beth Kocab			Treasurer Name Jeffrey Willis		
Street Address 39 Narrow Lane			Street Address 78 Holiday Ct		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
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 Christine Conklin			Director Name Tara DiGiacomo		
Street Address 163 Dye Hill Road			Street Address 14 Edgewood Avenue		
City Hope Valley	State RI	Zip 02832	City Ashaway	State RI	Zip 02804
Director Name Steve McCandless			Director Name		
Street Address 67 Sand Plain Road			Street Address		
City Charlestown	State RI	Zip 02813	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 Jeffrey M. Willis				Date April 10, 2019	
Signature of Officer/Authorized Representative 					

SIGNATURE FILED

APR 15 2019 11:18
KL SCDRC