



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

Annual Report for the year: **2019**  
 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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2019 JUL 31 AM 10:59

1. Entity ID Number <b>76074</b>		2. Exact name of the Corporation <b>Coventry Basketball Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Non profit youth basketball league</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>6 Metro Drive</b>		City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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>Jason Martin</b>		Vice-President Name <b>Matthew Martin</b>			
Street Address <b>6 Metro Drive</b>		Street Address <b>130 Windsor Park Drive</b>			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Samatha Cornell</b>		Treasurer Name <b>Karin Sacchetti</b>			
Street Address <b>31 Newell Court</b>		Street Address <b>66 Fieldstone Drive</b>			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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>Chris Anderson</b>		Director Name <b>Patty Martin</b>			
Street Address <b>58 Pilgrim Avenue</b>		Street Address <b>6 Metro Drive</b>			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>James Walters</b>		Director Name			
Street Address <b>78 Leuba Road</b>		Street Address			
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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>					
<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 <b>Jason Martin Karin E. Sacchetti</b>				Date <b>07/15/2019</b>	
Signature of Officer/Authorized Representative <i>Karin E. Sacchetti</i>					

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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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