



State of Rhode Island and Providence Plantations
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

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2019 JUL 31 AM 10:59

1. Entity ID Number 76074		2. Exact name of the Corporation Coventry Basketball Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non profit youth basketball league			
4. NAICS Code 813990					
6. Principal Office Address 6 Metro Drive		City Coventry	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason Martin		Vice-President Name Matthew Martin			
Street Address 6 Metro Drive		Street Address 130 Windsor Park Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Samatha Cornell		Treasurer Name Karin Sacchetti			
Street Address 31 Newell Court		Street Address 66 Fieldstone Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Chris Anderson		Director Name Patty Martin			
Street Address 58 Pilgrim Avenue		Street Address 6 Metro Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name James Walters		Director Name			
Street Address 78 Leuba Road		Street Address			
City Coventry	State RI	Zip 02816	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 Jason Martin Karin E. Sacchetti				Date 07/15/2019	
Signature of Officer/Authorized Representative <i>Karin E. Sacchetti</i>				SIGN DOCUMENT HERE	

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SEP 18 2019

BY **FA950**

A.A. 11:46 A.M.

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