RI SOS Filing Number: 202035265340 Date: 2/26/2020 11:50:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2020 FEB 26 AM II: 48

Annual Report for the year: 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 000029422	2. Exact name of the Corporation Warwick North Little League, Inc.					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Little League Baseball					
4. NAICS Code	1					
624110 - Child and Youth S€						
6. Principal Office Address			City	State	Zip	
583 Post Road			Warwick RI	RI	02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Sean Wiggins			Vice-President Name Steve Einhorn			
Street Address 146 Glenbrook Road			Street Address 30 Lincoln Avenue			
City Warwick	State RI	Z _{IP} 02889	City Warwick	State RI	^{Zip} 02888	
Secretary Name Karin Kavanagh			Treasurer Name Jaime Banspach			
Street Address 2171 Warwick Avenue			Street Address 31 Toledo Avenue			
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02888	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Thomas Doyle			Director Name Dan Kavanagh			
Street Address 93 Weetamore Drive			Street Address 2171 Warwick Avenue			
^{City} Warwick	State RI	^{Zip} 02888	City Warwick	State RI	^{Zip} 02889	
Director Name Steve Cote			Director Name Heather Vale			
Street Address 70 Balsam Street			Street Address 114 Torrington Avenue			
^{City} Warwick	State RI	Z ₁ p 02888	City Warwick	State RI	^{Zip} 02888	
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				Date		
Sean Wiggins, President				02/8/2020		
Signature of Officer/Authorized Representative SIGN DOCUMENTHERS						

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



| FORM 631 - Revised: 05/2017