



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

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SECRETARY OF STATE
CORPORATIONS DIV

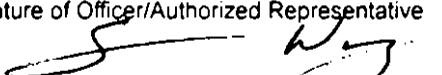
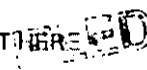
Annual Report for the year:

Non-Profit Corporation

2019

2020 FEB 26 AM 11:48

- 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 Rhode Island		5. Brief description of the character of business conducted in Rhode Island Little League Baseball			
4. NAICS Code 624110 - Child and Youth Se					
6. Principal Office Address 583 Post Road		City Warwick RI		State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sean Wiggins			Vice-President Name Steve Einhorn		
Street Address 146 Glenbrook Road			Street Address 30 Lincoln Avenue		
City Warwick	State RI	Zip 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 <input type="checkbox"/>					
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	Zip 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.					
<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 Sean Wiggins, President					Date 02/8/2020
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE 					

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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FORM 631 - Revised: 05/2017