



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

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.

FILED

APR 06 2020

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1. Entity ID Number 752602		2. Exact name of the Corporation Rhode Island Babe Ruth Baseball Leagues, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A non-profit baseball program, guided and governed by the principles and standards of babe Ruth League Inc. a New Jersey Corporation			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 3 Jared Court			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael P. Walker			Vice-President Name		
Street Address 3 Jared Court			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name Michael P. Walker		
Street Address			Street Address 3 Jared Court		
City	State	Zip	City North Providence	State RI	Zip 02911
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 Michael P. Walker			Director Name James Spearman		
Street Address 3 Jared Court			Street Address 32 Maude Avenue		
City North Providence	State RI	Zip 02911	City Coventry	State RI	Zip 02816
Director Name James Hicks			Director Name		
Street Address 6 Gibson Park Place			Street Address		
City Newport	State RI	Zip 02840	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 Michael P. Walker, President				Date 03-17-2020	
Signature of Officer/Authorized Representative <i>Michael P Walker</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov