

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.								
1. Gorporette ID No.	2. Name of Conformation							
89557	Fox Point - East Sic	de Little League, Inc.						
3. State of Incorporation	4. Company to address in Rb	ode Island - Street Address	· · · ·	Gity	Zψ			
RI	180 Medway St.			Providence	029063			
5. Foreign corporation. Enter princ	ipul office address		Cuy ·	State	Zψ			
6. Brief Description of the character of	of the affairs which are actu	ually conducted in Rhode Isla	nd		1			
Youth sports league manage	ement and administra	ation			ا ب و			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name			Vice President Nume					
Suzanne Knight			Jeffrey Stokes		=			
Street Address			Street Address		2			
180 Medway St.			8 Logan Dr.		10			
Cuy	State	Ζψ	Cluy	State	Zψ			
Providence	RI	02906	Lincoln	RI	02865			
Secretary Name			Treasunt Name		- 1			
Suzanne Knight			Allison Gauthier					
Street Address			Street Address					
180 Medway St.			32 President Ave.					
City	State	Zy;	City	State	Ζψ			
Providence	RI	02906	Providence	ŔI	02906			
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMBNT) TILL IN SPACES BE	FORE USING ATT	ACHMENTS			
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION SHALL NOT B	E LESS THAN THE	REE (3). R.I.G.L. 7-6-23			
Director Name			Director Name		İ			
Suzanne Knight			Jeffrey Stokes					
Street Address			Street Address					
180 Medway St.			8 Logan Dr.					
City	State	Zųi	City	State	Zip~>			
Providence	RI	02906	Lincoln	RI	242 02865 ⊖5			
Director Name			Director Nume		 			
Michael McKenna			Allison Gauthier 🖫 🦪 💮 🏤					
Street Address	. 		Street Address					
11 Humbolt Ave			32 President Ave		~ ~ ≥: 1 1			
City	State	Zψ	City	State	Zyro C			
Providence	RI	02906	Providence	RI	スタピラ C 0 290 6 プ			
9. REGISTERED AGENT IN	RHODE ISLAND - DO	NOT ALTER - Chang	es require filing of Form 64	1 - R.I.G.L. 7-6-13	/ 7-6-78			
Agent Name								
Jeffrey Padwa N €1								
Address			City	7.41	95			
25 Margrave Ave			Providence	0290	06			
-				1 -				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	APR 0 9 2007
Ву:	By all mass
] .	POR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	
statements contained herein are true and correct.	02/05/07
Ashashre of fificer	Daye
Jeffrey Stokes	
Print or Type Name of Officer	-
Vice President	
Title of Officer	Form 631 Rev. 12/06



Filing Period: June 1 - June 30 • Filing Fee: \$20.00

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)						
I. Сотротие II) No. 89557	2. Name of Corporation Fox Point/East Side Little	le League, Inc.				-	
3. State of Incorporation	4. Corporate address in Rh	ode Island - Street Address		City	A	Zip	_
RHODE ISLAND	180 Med	war st		Provid	lence	02906	
5. Foreign corporation. Enter prin			City	State	<u> </u>	Zip	
5. Brief Description of the character TO ORGANIZE AND CONE				<u> </u>			
7. NAMES AND ADDRESSES	S OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT) FILL IN SPACES I	BEFORE USIN	G ATTACH	MENTS	
(Paul A	rdente		Jettrey	AUUA			
GGO Flyge	fore Ave		Street Address 25 Mag	reve A	رد		
Produlence J	State	2ip C 2.90%	City Prosidence	State		02906	
Suzane Suzane	inion t	,	Treasurer Name	Lat2			
Sirect Address (80 Mcd.	vey St.		Street Address	ope St	•	· · · · · · · · · · · · · · · · · · ·	_
(tondence	State PL	2506	Cuy Providence	State		C 2906	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USIN	NG ATTACH	IMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAND) (CORPORATION <u>SIJAIL NOT</u>	BE LESS TH	<u> AN THREE</u>	(3). R.I.G.L. 7-6-2	2,3
Director Name			Director Name				
Mike ma	Kenna		Harley trank				
Street Address			Street Address	Α			
11 Humbol	t St		468 Hm	t was	we_		
Providence	State P4	7ip 02906	Providence	State		Zip 02906	
Director Name This WCC	anell		Brigh Cive	tsky			
Sircel Address 25 Weym	annell entu RE		Sirver Address 170 Blacks	store !	SIVD		
Providence .	State P4	^{Zip} O Z 706	Cay Providence	State R		02706	
9. REGISTERED AGENT IN Agent Name JEFFREY PADINA. PAG		NOT ALTER - Chang	ges require filing of Form	641 - R.J.G.I	7-6-13 / 7	-6-78	
Address			City		Zip		_
25 MARGRAVE AVENUE			PROVIDENCE		0290	6	
This report must be	signed in ink by eithe	er the President, Vice F	President, Secretary, Assistan	t Secretary, Tr	easurer, Re	ceiver or Trustee	
			Under penalty of per				
* 8 S	2 2 2 7	* T	report, including any			I statements, and that	all
File Date 630	0/04		statements contained	norein are true a	and correct.	6/25/04	
1.5	il.		Signature of Officer			Date	
Check No	1 4		Tetifrey	in Pan	ωA		
<u> </u>	A		Print or Type Name of		1/		_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Director Name Director Name	ON-PROFIT CO	ORPORATI	ONANNUAL	REPORT FOR TI	HE YEAR	2003
Corporation 12 Name of Comparison 18 Note		Fec: \$20.00				
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Since of Descriptions of the Comparison address in Monde Island. Street Address Foreign comparation. Enter principal affice address Foreign comparation. Enter principal affice address Foreign comparation. Enter principal affice address TO ORGANIZE AND CONDUCT ANNUAL LITTLE LEAGUE AND OTHER ACTIVITIES. RAMES AND ADDRESSES OF THE OFFICERS [X BOX FOR ATTACHMENT] FILL IN SPACES BEFORE USING ATTACHMENTS Freetables Water Foreign and Archeste Foreign and Foreign and Archeste Foreign and	Corporate ID No.	1 '				
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Foreign comparation. Boster principal affice address Brief Descriptions of the character of the offsirs which are actually conducted in Rhode Island. TO ORGANIZE AND CONDUCT ANNUAL LITTLE LEAGUE AND OTHER ACTIVITIES. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT] IFILLIN SPACES BEFORE USING ATTACHMENTS ("C.P. President Name" "Leaflers Name" "Leafl	State of Incorporation	•		ress	16 1	'
Brief Description of the character of the affects which are actually conducted in Rhode Island TO ORGANIZE AND CONDUCT ANNUAL LITTLE LEAGUE AND OTHER ACTIVITIES. NAMIS AND ADDRESSES OF THE OFFICERS (*X* ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Voc President Name Voc			ing St.	Tax.		
TO ORGANIZE AND CONDUCT ANNUAL LITTLE LEAGUE AND OTHER ACTIVITIES. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS very freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Freedom Mome Vice Monday Vice Advises Vice Vice Vice Vice Vice Vice Vice Vice	Foreign corporation. Enter pri	ncipal office address		City	State	Zip
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SITE Address (COU) Flaggine Are (State County Name (County Name (Cou	esident Name			1 - CC D		
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The Mumber of Director Name Sincer Address S	reci Address				۸.,	
Condence Reference Refere	(060 Flower	ve Ave		(7) Worders		
Considering Treasurer Name Size Knight Treasurer Name Size Address Sole No. 180 Med Way St. Sole No. 180 Med Way Sole No. 180 Med	D	State	Zip	City		
Treasurer Name S. 2200 Knight Side More Address Solate Side Side Side Side Side Side Side Sid	1/2	121	L	Pronduce	1 21	02906
Suzzaac Knight Site Address 180 Medwey St. Solar State 180 Medwey St. Solar		.1		Treasurer Name		<u> </u>
State Address State 20 0270 6 City Color City Cit	•	oht		Tonatha L	~t2	
State Stat			<u> </u>	Street Address		
TO PROJUENCE State 20 0706 City POLICINE State 20 02906 INAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7- VICTOR MORE OF COMMENTS OF	C o J	LL VNC	ewey st.		C +.	
NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7 liveton Name Cred Mostis	DO STATE DATE	State	Zin		State	
NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT] FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7- DIRECTOR Manne Creed Most Same Journal of Stand Ave	´ 🔿 🕕	1	02706) 1) N	RI	02906
Director Name Greg Mosses Street Address 17 Rhode Is land Ave State Value Is land Ave Print or Name Director Name Street Address 10 Director Name Print or Name Director Name You Director Name Director Name You Director Name Director Name Director Name Print or Name Director Name You Director Name Dire	NAMES AND ADDRESSES	OF THE DIRECTO	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN THE S	PACES BEFORE USING	GATTACHMENTS REE (3), R.I.G.L. 7-6-
Greg Morrison The Note Island Ave Street Address 17 Phole Island Ave 40 Humsel At State 18 Providence Source Providence State 18 Providence State 18 Providence	THE NUMBER OF DIREC	TORS OF A DOME	STIC (HHODE ISLAND	·· ·	7	
Street Address A A A A A A	irector Name			Director Name		
Sirret Address A A A A A A	Grea Morris	~		Lauren Jon	.es	<u> </u>
Thoule Stand Are State St				Street Address		
The Date of The Da	17 01 1. 7	class Aur		40 140,000	+ A.F	
Trestation with the president of the pre	1 to proud		Zip	City		
Director Name W. Y. C. McKenna Street Address Address Street Address Stre		1			1 R1	02906
Treet Address Treet Address Street Address State Zip City State Zip Zip Zip Zip Zip Zip Zip Zi	_\		· · · · · ·		i	
Street Address REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 Address Street Address Address Street Address LEFFREY PADINA Liddress Street Pading of Form 641 - R.I.G.L. 7-6-13/7-6-78 Zip PROVIDENCE PROVIDENCE Description of Property Assistant Secretary, Treasurer, Receiver or Trees 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. The Date This property is a statement of Street Address Standard of Property 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. The Date The Date The Property Miles of Officer Vice President Vice President Vice President				Director frame		
The point must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Triber Date This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Triber Date The Date The Date The Date The Print or Type Maine of Officer Vice President The Print or Type Maine of Officer Vice President Vice President The Date The Date The Date The Date The Print or Type Maine of Officer Vice President Vice President The Print or Type Maine of Officer Vice President Vice President The Print or Type Maine of Officer Vice President Vice President The Print or Type Maine of Officer Vice President Vice		· va	<u></u>	Company & data-are		
State 12	5 4 3 1	٨		Sireel Address		
REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 641 - R.I.G.L. 7-6-13/7-6-78 JEFFREY PADINA Address Address	11 Itumboldt				Control	7:
REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 641 - R.I.G.L. 7-6-13/7-6-78 Address	ity O.		E -	City	State	Δ.p
JEFFREY PADINA didress 25 MARGRAVE AVENUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tri 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. File Date T-18-03 Check No. Amif Date Type Native of Officer Vice President, Vice President, Secretary, Treasurer, Receiver or Tri 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. The Date of the Date of Officer of Tripe Native of Officer The Date of Tripe Native of Officer of Tripe Native of Officer of Tripe Native of Officer The Date of Tripe Native of Officer of Tripe Na	rosulence_	* *				
JEFFREY PADINA Iddress 25 MARGRAVE AVENUE PROVIDENCE PROVIDENCE 102906 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tri 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. File Date T-18-03 Check No. AMF Print or Type Name of Officer Vice (resident)	. REGISTERED AGENT IN	RHODE ISLAND -	DO NOT ALTER - Char	nges require tiling of Form 6	41 - R.I.G.L. <u>7-6-13 / 7-</u> 6	-78
JEFFREY PADINA 25 MARGRAVE AVENUE PROVIDENCE Description of the president of the preside				Address		
25 MARGRAVE AVENUE PROVIDENCE Do 2906 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trivellating any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date The Print of Type Maine of Officer f Type Maine of Officer						
25 MARGRAVE AVENUE PROVIDENCE O2906 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True 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. File Date T-18-13 Check No. Date Telfrey M. Japus A Print or Type Name of Officer Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True 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. Telfrey M. Japus A Print or Type Name of Officer Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True 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. Telfrey M. Japus A Print or Type Name of Officer Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True 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. Telfrey M. Japus A Print or Type Name of Officer				City	Zip	
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. File Date Total The proof of the proof	auress			ĺ		
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. File Date T-18-03 Check No						
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. File Date 7-18-03 Check No. Telfrey M. lapua Print or Type Maine of Officer Une Cresident	This report were he siene	d in ink by aither	the President Vice P.	resident Secretary Assistar	u Secretary. Treasure	r, Receiver or Trus
this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date T-18-03 Check No	his report must be signed	a in ink by eliner	III III	estaera, becreiury, rissisiur	" occretary, Treasure	,
Check No	* 8	9 5 5 7 3	! 	this report, including ar	sy accompanying schedule	s and statements.
By	File Date	-03		AHAM?	M =	7/17/03
By AMF Vice President	Check No.	0		Standiure of Officer) . Paowa	Date
	By A	NF	_	Print or Type Name of O	fficer	
FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631		LIGE OF "Y	-		77	Form 631 R

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Filing Fee: \$20.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

Co	rporate ID Number <u>D</u>	NP-89557	Annual Report for the yea	ar 2002
1.	The name of the corp	poration is Fox Point	East Side Little League, Inc.	
2. 3.	The address of the r	egistered office of the	vs of which it is incorporated is RHODE ISLAND corporation in this state is 11 HUMBOLT AVENUE PROVI	DENCE, RI
4	and the name of its	registered agent in thi	s state at that address is R. KELLY SHERIDAN JEFFRE	
4.			ally conducting in Rhode Island, briefly stated, is <u>YOU</u>	
5	incorporated is	N/A	principal office in the state or other jurisdiction under the laws	s of which it is
6.	Corporate address in	n Rhode Island <u>25</u>	MARGRAUE AVENUE, PROVIDENCE, &	I 02906
7.	number of directors	of a domestic (Rhode	3	amended, the
	NAME	OFFICE	ADDRESS	OF THE
	MARC A. GREEN	<i>IFIELD</i> Director	56 ALUMBI AVENUE, PROVIDENCE,	<u>KI 02906</u>
1	LAW H. LOTA	ル人 Director	42 INTERVACE KOAD,	
S	TEPHEN NELS	Director	58 KEENE STREET, "	14 14
P	AUL E. ARDEI	UTE President	660 ELMGROVE AVENUE,	** **
1	EFFREY PAD	Vice-Preside	nt 25 MARGRAUE AUGUUE, "	10 4
Þ	YKHAELF. MCK	ENUA Secretary	11 TOPOLO TIVETOUE,	10 11
3	TEPHENG. LIN	DER Treasurer	155 SOUTH MAINSTREET, ".	· <u>0290</u> 3
Da	ated: 27 JUNE	2002	Under penalty of perjury, I declare and affirm that I have example report, including any accompanying schedules and statements all statements contained herein are true and correct.	
	* 8 9 5 5 FOR SECRETARY OF STA	7 * TE USE ONLY	FOX POINT / EAST SIDE LITTLE LE Michael Exact Norde of Corporation By MICHAEL T. MCKENNA, &	BEC'P
File	Pate:	1 9 2002	Title SECRETARY (Report must be signed by an officer)	
Che	ck No.: JUL By	19 - 18 - 19 - 19 - 19 - 19 - 19 - 19 -	Form No. Revised	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

Cor	porate ID Number <u>DNP-89</u>	557	Annu	al Report for the year	2001				
1.	The name of the corporation	n is <u>Fox Point/Ea</u>	st Side Little League, Inc.						
2. 3.	The address of the registered office of the corporation in this state is 11 HUMBOLT AVENUE PROVIDENCE, RI 02906 - 4 149								
	and the name of its registered agent in this state at that address is R. KELLY SHERIDAN								
4.	The character of the affairs Youth SPORTS		y conducting in Rhode Island, briefly st	tated, is					
5	If a foreign corporation, the	address of its pri	ncipal office in the state or other jurisdi	ction under the laws	of which it is				
	incorporated is		AUGAUT BRAI	UDGARG PT	02900				
6.	Corporate address in Rhod	e Island <u>[[</u>	UMBOLDT AVENUE, PROL	NUELUCE, NI	<u>CE106</u>				
7.	7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)								
	NAME	OFFICE	ADDRES	_	.				
1 2448	TEPHEN G. LINDER	Vice-President	11 HUMBOCDT AVENUE 13 CUSHING STREET	1/ 11 1/ 11 11 11	t t p				
Da	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. FOX POINT / EAST SIDE LITTLE LEAGUE, INC.								
File	* 8 9 5 5 7 * FOR SECRETARY OF STATE USE Date:			of Corporation					
cne	ck No.:			Form No. 6 Revised 5					

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	11011111		
Corporate ID Number <u>DNP-8955</u>	7	Annu	ual Report for the year 2000
1. The name of the corporation is	Fox Point/Ea	st Side Little League, Inc.	
2. The state or other jurisdiction of the registered 02906 - 4149	under the laws of	of which it is incorporated is RHODE reperation in this state is 11 HUMBO	ISLAND T AVENUE PROVIDENCE, RI
and the name of its registered		tate at that address is R. KELLY SHE y conducting in Rhode Island, briefly to	
incorporated is N/A		ncipal office in the state or other jurisc	
3. Corporate address in Rhode I	sland	HUMBOLDT AVENUE,	
7 Names and addresses of its	lirectors and of	ficers: (In compliance with 7-6-23 of i land) corporation shall not be less tha	the R.I.G.L. 1956, as amended, the n three (3).)
NAME	OFFICE	ADDRE	ss
PAUL ARDENTE LAUREN JONES MARC GREENFIELD R. KELLY SHERIDAN MICHAEL MCKENWA	Director Director Director President Vice-President Secretary Treasurer	49 HUMBOLDT AVE., 660 ELMBROUE AVE. 40 HUMBOLDT AVE. 56 ALUMNI AVE. 253 FREEMON PARKWAY 11 HUMBOLDT AVE. 13 CUSHING ST.	PROVIDENCE RT 0290
Dated: * 8 9 5 5 7 * FOR SECRETARY OF STATE USB ON		Under penalty of perjury, I declare and report, including any accompanying schall statements contained herein are true Fox POINT EAST SITE Exact Name and E	edules and statements, and that
File Date: $6-8-00$ Check No.: $3/2/2$	-	Title SECRETTARY	signed by an officer)
Check No.:			Form No. 631 Revised 5/98

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

Со	rporate ID Number <u>ND-895</u>	57	Annual Report for the year 1999			
1.	The name of the corporation	n is <u>Fox Point</u>	/East Side Little League, Inc.			
 The state or other jurisdiction under the laws of which it is incorporated is Rhode Island The address of the registered office of the corporation in this state is 11 HUMBOLT AVENUE PRO 						
	02906 and the name of its registe	ered agent in thi	is state at that address is R. KELLY SHERIDAN			
4.			ually conduction in Rhode Island, briefly stated, is PROUDE HILDREN ASES 6-12			
5	incorporated is/	NOT APPLK	principal office in the state or other jurisdiction under the laws of which it is			
6.	Corporate address in Rhoo	e Island <u>//</u>	HUMBOCDT AVENUE, PROVIDENCE, RI			
7.	Names and addresses of it number of directors of a do	s directors and mestic (Rhode	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)			
	NAME	OFFICE	ADDRESS			
<u> </u>	P. KEZLY SHERIDAN	_Director	253 FREEMAN PARKUNY, PROVIDENCE RI 02906 40 HUMBORT NEWE. PROVIDENCE RI 02906			
R	AUREN JONES CHARD CLAROSON	_Director _Director	21 CRESTON WAY, PROVIDENCE RI 02906			
N	<u>I.GREGORY MORRISON</u> 1ARC (FREENFIELD)	President — Vice-Presider	17 RHODE ISLAND AVENUE, PROVIDENCE KI 02906 11 56 ALUMNI AVENUE, PROVIDENCE RI 02906			
M	ICHAEZ MCKEAUNA ICHAEZ BARNACLE	Secretary Treasurer	11 HUMBREDT AVONUE, PROVIDENCE RI 02906 36 JENNY'S LAWE, BAKRINGTON RI 02806			
	ated:	_	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. Fox Point / Edst Side Little Leticue, Inc. Exact Name of Corporation					
File	FOR SECRETARY OF STATE USE ONLY File Date: (0-24-99) By MICHAEC F. MCKENNA					
	eck No.: 1458 AMF	_	Title SECRETARY (Report must be signed by an officer)			
Ву:	AMI		Form No. NP-13 Revised 5/98			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

:	
Corporate ID Number ND-89557	Annual Report for the year 1998
1. The name of the corporation is Fox Point/E	ast Side Little League, Inc.
	A LIT DISORTION AND
	of which it is incorporated is RHODE ISLAND
	corporation in this state is 11 HUMBOLT AVENUE PROVIDENCE, RI
02906	state at that address is R KELLY SHERIDAN
	state at that address is R. KELLY SHERIDAN lly conducting in Rhode Island, briefly stated, is
_	. 1/
5 If a foreign corporation, the address of its pr	rincipal office in the state or other jurisdiction under the laws of which it is
	<u> </u>
· ————	
7. Names and addresses of its directors and o	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the
number of directors of a domestic (Rhode is	sland) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
R.Kelly Sheridan Director	253 Freeman Parkway, Providence, RI 0290
K.Kelly Sherlaan Director	40 Humboldt Avenue. "
Lauren Jones Director Tames Frutchey Director	49 Humboldt Avenue "
<u>James Fratchey</u> Director W. Gregory Morrison President	17 Rhode Island Avenue. "
Marc Greenfield Mylice-President	
Michael F. McKenna Secretary	11 Humboldt Avenue. "
Michael Barnacle Treasurer	9 Oriole Avenue, "
Dated: [] 35 48	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.
	Fox Point / East Side Little Lingue She.
* 8 9 5 5 7 *	Exact Name of Corporation
FOR SECRETARY OF STATE USE ONLY File Date:	By K. / Muy St
1126	Title Vi'u Prisiden +
Check No.: 1100	(Report must be signed by an officer)
Ву:	Form No. NP-13

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number	0089557		Annual Report for the year	1997
FIRST: The name	of the corporation is		Side Liltle League	•••••
SECOND: It is inco	orporated under the l		land	
	cter of the affairs whi	aque	ng in Rhode Island, briefly stat	
FOURTH: If a fore	ign corporation, the a	address of its principal of	ffice in the state or country und	er the laws of
which it is incorporated is	· · · · · · · · · · · · · · · · · · ·		••••••••••••	
FIFTH: Corporate	address in Rhode Isla	and	Avenue, Providence, Ri	02906
Reenactment of 1994, the r	number of Directors of	of a corporation shall not	compliance with 7-6-23 of the Find the less than three (3).) REE (3) DIRECTORS ARE	
NAME	OFFICE		ADDRESS	
Lauren Jones	Director	40 Humbold	t Ave., Providence, RI	02906
Bob McManus			h St., Providence, RI	
James Frutchey	Director	49 Humbold	t.Ave., Providence, RI	.02906
W. Gregory Morrison	nPresident	17 Rhode I	sland. Ave., Providence.	RI 02906
R. Kelly Sheridon Michael F. McKenna			n Parkway, Providence, dt Ave., Providence, RI	
G. Bradford Kopp	Treasurer	43 Congdor	St., Providence, RI 0	2906
(If additional space is neede	ed, attach rider)			
Dated: July 16	19 ⁹⁷	Fox Point/East	Side Little League, Inc	.
FI	LED	(Name of Corporation)		
JUL	.161997 01067	R. Kelly Vice Pres	Sheridan sident	
By Co	01067		t must be signed by an officer)	

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.