



State of Rhode Island

Department of State - Business Services Division

RI SOS Filing Number: 202193320150 Date: 3/1/2021 12:19:00 PM

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001678643		2. Exact name of the Corporation Rhode Island Rockets Softball 2021 MAR -1 P 12:11			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Girls Recreational Travel Softball League			
4. NAICS Code 711211					
6. Principal Office Address 51 Oak Hill Drive		City Johnston		State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lisa Calabro			Vice-President Name Derek Calabro		
Street Address 51 Oak Hill Drive			Street Address 51 Oak Hill Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name Deborah McHale		
Street Address			Street Address 10 Summit Street		
City	State	Zip	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Lisa Calabro			Director Name Deborah McHale		
Street Address 51 Oak Hill Drive			Street Address 10 Summit Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Derek Calabro			Director Name		
Street Address 51 Oak Hill Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Derek Calabro				Date March, 1 2021	
Signature of Officer/Authorized Representative 					

FILED

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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