RI SOS Filing Number: 202193320420 Date: 3/1/2021 12:17:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018

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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1. Entity ID Number	2. Exact name of the Corporation
001678643	**Rhode Island Rockets Softball**
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: 711 211	

6. Principal Office Address	City	State	Zip
51 Oak Hill Drive	Johnston	RI	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	Date
Derek Calabro	March, 1 2021

Signature of Officer/Authorized Representative: Derek Calabro

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MAR 01 2021
12:17

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: 08/2020