RI SOS Filing Number: 202196595780 Date: 5/13/2021 2:44:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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BUS SVCS DIV
2021 MAY 13 P 2:42

1. Entity ID Number	2. Exact name of the Corporation
001683949	Rhode Island WIFFLE Ball League
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: PROVIDES AN OPPORTUNITY FOR MEN, WOMEN AND CHILDREN OF ALL AGES TO PLAY ORGANIZED WIFFLE BALL IN A SAFE ENVIRONMENT
4. NAICS Code: 813910 - Business Association	

6. Principal Office Address	City	State	Zip
33 Lincoln Dr.	North Smithfield	RI	02896

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: E. Justin Simone			Director Name: Eugene Simone		
Street Address: 33 Lincoln Dr.			Street Address: 33 Lincoln Dr.		
City: North Smithfield	State: RI	Zip: 02896	City: North Smithfield	State: RI	Zip: 02896
Director Name: Debra Simone			Director Name:		
Street Address: 33 Lincoln Dr.			Street Address:		
City: North Smithfield	State: RI	Zip: 02896	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
E. Justin Simone	05/13/2021

Signature of Officer/Authorized Representative
E. Justin Simone - 05/13/2021

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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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BY CR FYFWO
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FORM 631 - Revised: 08/2020