



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.

JUN 17 2021

| | | | | | | | |
|---|-----------------|--|---------------------------------------|--------------------------------|--------------------|--------------------------|--|
| 1. Entity ID Number 001070280 | | 2. Exact name of the Corporation Aquidneck Island Double Dutch League | | | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island The league provides an organized sport through competitive jump rope and Double Dutch. Through this participation kids will have the opportunity to compete in tournaments throughout the country and perform in demonstrations. | | | | | |
| 4. NAICS Code 624110 - Child and Youth Service | | | | | | | |
| 6. Principal Office Address 27 Leland Point Dr. | | | | City Portsmouth | State RI | Zip 02871 | |
| 7. List ALL officers (names and addresses) | | | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name N/A | | | | Vice-President Name N/A | | | |
| 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 <input type="checkbox"/> |
| Director Name Ray Malone | | | Director Name Donna Matthews | | | | |
| Street Address 27 Leland Point Dr | | | Street Address 19 Walcott Ave. | | | | |
| City Portsmouth | State RI | Zip 02871 | City Middletown | State RI | Zip 02842 | | |
| Director Name Sherri McLeish | | | Director Name Larry Mannings | | | | |
| Street Address 5 Orville Dr | | | Street Address 380 A Post Rd | | | | |
| City Middletown | State RI | Zip 02842 | City Wakefield | State RI | Zip 02879 | | |
| 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. | | | | | | | |
| <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 Ray Malone | | | | | | Date 6/14/2021 | |
| Signature of Officer/Authorized Representative | | | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov