



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.

STAMP
 JUN 28 2021
 BY [Signature]
 SECRETARY OF STATE

1. Entity ID Number 37483		2. Exact name of the Corporation Rhode Island Senior Softball League	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To foster the game of softball for the benefit of persons over the age of 50.	
4. NAICS Code 713990			
6. Principal Office Address 100 Mann School Rd.		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Murphy		Vice-President Name William Fennell	
Street Address 32 Sachem St.		Street Address 25 Boston Neck Rd.	
City Pawtucket	State RI	City North Kingston	State RI
Zip 02861		Zip 02852	
Secretary Name Stephen Thompson		Treasurer Name Paul Danesi	
Street Address 100 Mann School Rd		Street Address 4 Needham St	
City Smithfield	State RI	City Johnston	State RI
Zip 02917		Zip 02919	
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 Brian McCourt		Director Name George Lacross	
Street Address 4 Kerri Lyn Rd		Street Address 5 Fairview Circle	
City Warwick	State RI	City Barrington	State RI
Zip 02889		Zip 02806	
Director Name Anthony Tager		Director Name	
Street Address 300 New River Rd #201		Street Address	
City Manville	State RI	City	State
Zip 02838		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.			
<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 WILLIAM MURPHY			Date 6/16/21
Signature of Officer/Authorized Representative <i>William Murphy</i>			

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