



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.

1. Entity ID Number 505913		2. Exact name of the Corporation North Providence Smithfield Babe Ruth League, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation of Youth Baseball League			
4. NAICS Code 713990					
6. Principal Office Address 40 Power Road		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lou Zammarelli			Vice-President Name Ralph Simonelli		
Street Address 40 Power Road			Street Address 25 Brookside Avenue		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Secretary Name Anthony Costello			Treasurer Name Gerard Dandeneau		
Street Address			Street Address 15 Watauga Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02911
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 Lou Zammarelli			Director Name Gerard Dandeneau		
Street Address 40 Power Road			Street Address 15 Watauga Avenue		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Director Name Anthony Costello			Director Name Ralph Simonelli		
Street Address 43 Dickinson Avenue			Street Address 25 Brookside Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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 Louis C. Zammarelli				Date 7/19/21	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2675
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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