



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000028009

2. Name of Corporation North Smithfield Little League Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: MAIN STREET

P.O. BOX 121

City or Town: SLATERSVILLE

State: RI

Zip: 02876

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

LITTLE LEAGUE BASEBALL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT SEVEGNY	HILLVIEW AVE NORTH SMITHFIELD, RI 02896 USA

TREASURER	KELLY FRICKE	78 WILKS AVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JANELLE SPENCE	446 PROVIDENCE PIKE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ARTHUR BATTERSBY	10 HEROUX DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	PAMELA STORME	3 JEFFERSON ST NORTH SMITHFIELD , RI 02896 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT N. CHAMBERLAND 603 GREAT ROAD NORTH SMITHFIELD , RI 02896

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of September, 2021 at 2:55:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KELLY FRICKE
Signature of Authorized Person

Form No. 631
Revised 09/07

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