



**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: 2021**

**1. Corporate ID No.** 000796910

**2. Name of Corporation** BSB E.A.G.L.E.S., Incorporated

**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: 42 RAVENSWOOD AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

TO EMPOWER ACHIEVEMENT AND GROWTH IN YOUTH THROUGH LEADERSHIP, EDUCATION AND SPORT; TO ORGANIZE AND RUN YOUTH SPORTING TEAMS, CAMPS AND OTHER DEVELOPMENTAL PROGRAMS; AND TO ENGAGE IN ALL ACTIVITIES TO RAISE MONEY TO SUPPORT THESE OBJECTIVES.

**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

DIRECTOR	CHRISTINA BATASTINI	42 RAVENSWOOD AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	LOU SCWECHHEIMER	25 CHARTER OAK COURT N. KINGSTOWN, RI 02852 USA
DIRECTOR	ARMANDO E. BATASTINI III	P.O. BOX 458 HARMONY, RI 02898-0458 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**

CHRISTINA BATASTINI 42 RAVENSWOOD AVENUE PROVIDENCE , RI 02908

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

**Signed this 5 Day of November, 2021 at 1:36:01 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 CHRISTINA BATASTINI  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07

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