



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.

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1. Entity ID Number 000144393		2. Exact name of the Corporation Narragansett Youth Basketball Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island youth basketball association for Narragansett youth to play throughout the state.			
4. NAICS Code 624110 - Child and Youth Services					
6. Principal Office Address 86 Winterberry Road		City Saunderstown		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dan Leonard			Vice-President Name JP Furia		
Street Address 86 Winterberry Road			Street Address 56 Mettatuxet Road		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
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 ☐					
Director Name Michael Clancey			Director Name JP Furia		
Street Address 43 Tanglewood Trail			Street Address 56 Mettatuxet Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Dan Leonard			Director Name		
Street Address 86 Winterberry Road			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Dan Leonard					Date 12/1/2021
Signature of Officer/Authorized Representative <i>Dan Leonard</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

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BY *JP5T92* 3:50
FORM 631 - Revised: 08/2020