State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2017
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	2. Exact name of the Corporation
000144393	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 Servic	

6. Principal Office Address	City	State	Zip
43 Tanglewood Trail	Narragansett	RI	02882

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Clancey	Vice-President Name: Dan Leonard
Street Address: 43 Tanglewood Trail	Street Address: 34 Shagbark Road
City: Narragansett; State: RI; Zip: 02882	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: Tom Cronin
Street Address: 43 Tanglewood Trail	Street Address: 148 Kingstown Road
City: Narragansett; State: RI; Zip: 02882	City: Narragansett; State: RI; Zip: 02882
Director Name: Dan Leonard	Director Name:
Street Address: 34 Shagbark Road	Street Address:
City: Narragansett; State: RI; Zip: 02882	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	Date
Dan Leonard	12/1/2021

Signature of Officer/Authorized Representative: Dan Leonard

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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FORM 631 - Revised: 08/2020