RI SOS Filing Number: 202107510220 Date: 12/24/2021 3:05:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

R.I. DEPT. OF STATE STATE BUS SVCS DIV

STAGE

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

2021 DEC 24	PM 3: 04
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1. Entity ID Number	12 5	the Comment	·			
000030037		of the Corporation				
	Westerly National Little League Inc					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	WNLL serves as the local Little League chapter in Westerly RI which prganizes baseball					
4. NAICS Code	activities for the youth of Westerly					
624110 - Child and Youth Service						
6. Principal Office Address	-		City	State	. Zip	
246 liberty rd			exeter	ri	02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Arthur Burton			Vice-President Name Jared Mancini			
Street Address 7 Ranger Rd			Street Address 1 Nina Drive			
City Westerly	State RI	^{Zip} 02891	City westerly	State RI	^{Z_{IP}} 02891	
Secretary Name Kathleen Walsh			Treasurer Name Jennifer Whitfield			
Street Address 47 Summer Street		Street Address 10 babcock rd				
^{City} Westerly	State RI	^{Zip} 02891	City westerly	State ri	^{Zip} 02891	
8. List ALL directors (names and a	ddresses). RI Con	porations MUST	list at least THREE directors.	. Check the box to indic	cate an attachment	
Director Name Todd trombino			Director Name Ronald S	Director Name Ronald Sposato		
Street Address 246 liberty rd			Street Address 140 winnipaug rd			
City Exeter	State ri	Zip 02822	City westerly	State ri	^{Zip} 02891	
Director Name Jason Macera Director Name						
Street Address 8 Jolly lane			Street Address			
City westerly	State ri	^{Z_{ip}} 02891	City	State	Zip	
9. The Registered Agent information	on of record with the	ne RI Departmen	t of State is accurate. Chang	es require filing Form 64		
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	Date		
Todd Trombino					December 21 2021	
Signature of Officer/Authorized Representative						
Joseph Comment of the						
FILED						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 2 4 2021

FORM 631 - Revised: 08/2020

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