



**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: February 1 - May 1

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. 000055883

2. Name of Corporation South Kingstown 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: PO BOX 388
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

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

BASEBALL LITTLE LEAGUE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	COLLEEN CAMP	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	MATT LEPORE	PO BOX 388

		WAKEFIELD, RI 02880 USA
DIRECTOR	MICHAEL O'ROURKE	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	SCOTT PALMIERI	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	SABRINA LEPORE	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	SEAN DEIBLER	PO BOX 388 WAKEFEILD, RI 02880 USA
DIRECTOR	FRANK GALLUCCI	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	WILLIAM LAWLER	PO BOX 388 WAKEFIELD, RI 02880 USA
DIRECTOR	RICHARD URIAN	PO BOX 388 WAKEFIELD, RI 02880 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

JAY BURKE 3561 POST ROAD P.O. BOX 388 WAKEFIELD , RI 02879

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

Signed this 11 Day of July, 2022 at 7:54:40 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 SEAN DEIBLER
Signature of Authorized Person

Form No. 631
Revised 09/07

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