RI SOS Filing Number: 202223033690 Date: 9/26/2022 3:54:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

→ Filing period February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000088881	CUMBERLAND YOUTH BASEBALL/SOFTBALL LEAGUE INC.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide and organized baseball and softball league to the youths of Cumberland, RI.
4. NAICS Code: 624110 - Child and Youth Servic	

6. Principal Office Address	City	State	Zip
1800 Mendon Road, Suite E PMB 173	Cumberland	RI	02864

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

President Name: Scott Iannuccilli			Vice-President Name: Gary Lamora		
Street Address: 1800 Mendon Rd., Suite E PMB 173			Street Address: 1800 Mendon Rd., Suite E PMB 173		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Logan Collins			Treasurer Name: Beth Kelly		
Street Address: 1800 Mendon Rd., Suite E PMB 173			Street Address: 1800 Mendon Rd., Suite E PMB 173		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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 J. Colucci			Director Name: Dan Rose		
Street Address: 530 Greenwich Avenue			Street Address: 1800 Mendon Rd., Suite E PMB 173		
City: Warwick	State: RI	Zip: 02886	City: Cumberland	State: RI	Zip: 02864
Director Name: Eddie Rigano Jr.			Director Name: Bryan Ryone		
Street Address: 1800 Mendon Rd., Suite E PMB 173			Street Address: 1800 Mendon Rd., Suite E PMB 173		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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
Michael J. Colucci	9-14-22

Signature of Officer/Authorized Representative

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021

2018
Entity ID Number: 000088881
Entity Name: CUMBERLAND YOUTH BASEBALL/SOFTBALL LEAGUE INC.

Vice President	Kim Shabomardenly	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Ed Rigano	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Amy Lacroix	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Jeff Collemer	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Scott Bielecki	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Anthony Martin	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Andrew Lyon	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Lerin Peckham	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Kristin Nicastro	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Sam McQuaide	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864