



State of Rhode Island

Department of State - Business Services Division

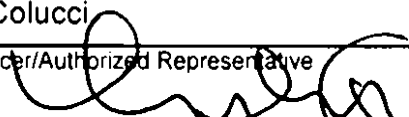
Annual Report for the year: 2022

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 000088881		2. Exact name of the Corporation 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 Services					
6. Principal Office Address 1800 Mendon Road, Suite E PMB 173		City Cumberland		State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Michael J. Colucci			Vice-President Name Gary Lamora		
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
Secretary Name Jeff Shaughnessy			Treasurer Name Joe Nicaastro		
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 Steve Cardoso			Director Name Jeff Lyons		
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
Director Name Andrew Weldon			Director Name Eddie Rigano Jr.		
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Michael J. Colucci					Date 9-14-22
Signature of Officer/Authorized Representative 					

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

SEP 26 2022

FORM 631 - Revised: 11/2021

2022

Entity ID Number: 000088881

Entity Name: CUMBERLAND YOUTH BASEBALL/SOFTBALL LEAGUE INC.

Vice President	Kristin Nicaastro	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Ed Rigano	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Ken Theroux	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	John Shevlin	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Michael Rossoni	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Michael O'Connell	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Sam McQuaide	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	John Walkowski	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Mike Chenevert	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Joseph Terlato	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Peter Genereux	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Jordan Stanford	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864
Director	Ruben Tejada	1800 Mendon Rd., Suite E PMB 173 Cumberland, RI 02864