	State of Rhode Office of the Secret		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S	Street	
	Providence RI 029		
1630	(401) 222-30	040	
Non-Profit Corporation			
Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR: 202	<u>3</u>		
1. Corporate ID No. 00003	57826		
2. Name of Corporation $\underline{Nort}$	h Kingstown Wickford Litt	le League	
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is ki	e dropdown will
NAICS Code			
<u>624110</u>			
4. Principal Office Address			
No. and Street: 209 EDN	IOND DR		
		e: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Cond	ucted in Rhode Island	1
YOUTH BASEBALL LEAG	UE		
6. Names and Addresses of t	he Officers and Directors:		
All Directors and Officers mu Island Corporation shall not		ne number of DIRECT	ORS of a Rhode
Title	Individual Name First, Middle, Last, Suffix		ress State, Zip Code, Country
<u>,</u>			

PRESIDENT	JOSEPH BAKER	209 EDMOND DR NORTH KINGSTOWN, RI 02852 USA	
TREASURER	CHAD BJORKLUND	172 FINCH LANE NORTH KINGSTOWN, RI 02852 USA	
SECRETARY	DANIEL BENSON	128 SUGARBUSH TRAIL SAUNDERSTOWN, RI 02874 USA	
VICE PRESIDENT	FRANK MCGEE	16 GLENDALE CIR NORTH KINGSTOWN, RI 02852 USA	
DIRECTOR	ROBERT MAYBACH	91 HIDDEN LAKE DRIVE SAUNDERSTOWN, RI 02874 US	
DIRECTOR	JOHN WHITNEY	101 CANDLEWOOD DRIVE NORTH KINGSTOWN, RI 02852 USA	
DIRECTOR	JASON WELESKO	225 COLE DRIVE NORTH KINGSTOWN, RI 02852 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

JOSEPH BAKER 209 EDMOND DR NORTH KINGSTOWN , RI 02852

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

Signed this 19 Day of January, 2023 at 7:28:55 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 JOSEPH D BAKER

Signature of Authorized Person

Form No. 631 Revised 09/07

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