



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.

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 BUS SVCS DIV  
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|  |                 |  |   |                          |                     |
|--|-----------------|--|---|--------------------------|---------------------|
| 1. Entity ID Number<br><b>000029422</b>  |                 | 2. Exact name of the Corporation<br><b>Warwick North Little League Inc.</b>                                  |   |                          |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>LITTLE LEAGUE BASEBALL</b> |   |                          |                     |
| 4. NAICS Code<br>624110 - Child and Youth Ser <input type="checkbox"/>   |                 |  |   |                          |                     |
| 6. Principal Office Address<br><b>583 POST ROAD</b>  |                 |  | City<br><b>WARWICK</b>                  | State<br><b>RI</b>       | Zip<br><b>02888</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                          |                     |
| President Name <b>SEAN WIGGINS</b>   |                 |  | Vice-President Name <b>BRYAN CONLEY</b> |                          |                     |
| Street Address <b>146 GLENBROOK ROAD</b>   |                 |  | Street Address <b>131 Byron Blvd</b>    |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>   | City <b>WARWICK</b>                     | State <b>RI</b>          | Zip <b>02888</b>    |
| Secretary Name <b>MATHEW COLANTONIO</b>  |                 |  | Treasurer Name <b>JAIME BANSPACH</b>    |                          |                     |
| Street Address <b>45 TYLER STREET</b>  |                 |  | Street Address <b>31 TOLEDO AVE</b>     |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02888</b>   | City <b>WARWICK</b>                     | State <b>RI</b>          | Zip <b>02888</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |   |                          |                     |
| Director Name <b>ERIC SHIELDS</b>  |                 |  | Director Name <b>JEFFREY FERREIRA</b>   |                          |                     |
| Street Address <b>232 MERRYMOUNT DR</b>  |                 |  | Street Address <b>69 OBADIAH AVE</b>    |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02888</b>   | City <b>WARWICK</b>                     | State <b>RI</b>          | Zip <b>02889</b>    |
| Director Name <b>SHAUN GALLIGAN</b>  |                 |  | Director Name                           |                          |                     |
| Street Address <b>14 PILGRIM DRIVE</b>   |                 |  | Street Address                          |                          |                     |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02888</b>   | City                                    | State                    | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |  |   |                          |                     |
| <b>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.</b>        |                 |  |   |                          |                     |
| <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<br><b>SEAN WIGGINS</b>   |                 |  |   | Date<br><b>1/17/2023</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |  |   |                          |                     |

**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

**JAN 23 2023**  
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