



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JAN 23 AM 11:39

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

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](http://www.sos.ri.gov)

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BY   
A.A. 11:41 A.M.

FORM 631 - Revised: 11/2021