



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 25 P 4:15

1. Entity ID Number 000075728		2. Exact name of the Corporation PINEVIEW LITTLE LEAGUE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE ORGANIZED BASEBALL FOR THE CHILDREN WHO LIVE IN PINEVIEW L.L. DISTRICT	
4. NAICS Code 711211			
6. Principal Office Address 146 FULLER ST.		City PAWTUCKET	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONNIE ESCOBAR		Vice-President Name TOM RIODEAU	
Street Address 146 FULLER ST.		Street Address 511 KEYON AVE.	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Secretary Name KELLY TORRES		Treasurer Name CORY MORRIS	
Street Address 27 PERRIN AVE.		Street Address 75 ARCHER ST.	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JUAN TOURES		Director Name MATT FARFELD	
Street Address 27 PERRIN AVE		Street Address 46 DROLET AVE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Director Name MATT BERGERON		Director Name	
Street Address 38 MILLER AVE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02861		Zip	
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 1-25-23
Signature of Officer/Authorized Representative DONNIE ESCOBAR			FILED JAN 25 2023 BY ML BY8MC