



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN 25 P 4: 15

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|---|--------------------|---|---|--------------------|------------------------|
| 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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DONNIE ESCOBAR | | | Vice-President Name TOM RHODEAU | | |
| Street Address 146 FULLER ST. | | | Street Address 511 KEYON AVB. | | |
| City PAWTUCKET | State RI | Zip 02861 | City PAWTUCKET | State RI | Zip 02861 |
| Secretary Name KELLY TORRES | | | Treasurer Name CORA MORRIS | | |
| Street Address 27 PERRIN AVE. | | | Street Address 75 ARCHER ST. | | |
| City PAWTUCKET | State RI | Zip 02861 | City PAWTUCKET | State RI | 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 TORRES | | | Director Name MATT FARFIELD | | |
| Street Address 27 PERRIN AVE | | | Street Address 46 DROLET AVE | | |
| City PAWTUCKET | State RI | Zip 02861 | City PAWTUCKET | State RI | Zip 02861 |
| Director Name MATT BERGERON | | | Director Name | | |
| Street Address 38 MILLER AVE | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02861 | City | State | 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. | | | | | |
| <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 | | | | | Date 1-25-23 |
| Signature of Officer/Authorized Representative DONNIE ESCOBAR | | | | | FILED |
| IAN 25 2023 | | | | | |
| BY ML BY8MC | | | | | |