



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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2023 JAN 30 PM 1:14

Annual Report for the year:

Non-Profit Corporation

2023

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000621014</b>		2. Exact name of the Corporation <b>Manville Farm League</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide instructional baseball to boys + girls ages 7-12 from the Manville and surrounding areas.</b>			
4. NAICS Code <b>624110</b>					
6. Principal Office Address <b>400 New River Rd. Apt 806</b>			City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</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>Sara Brown</b>			Vice-President Name <b>Danielle Morin</b>		
Street Address <b>400 New River Rd. Apt 806</b>			Street Address <b>27 Cross St.</b>		
City <b>manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>manville</b>	State <b>RI</b>	Zip <b>02838</b>
Secretary Name <b>Francis Morin</b>			Treasurer Name <b>Keigan Morin</b>		
Street Address <b>27 Cross St</b>			Street Address <b>27 Cross St.</b>		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sara Brown</b>			Director Name <b>Danielle Morin</b>		
Street Address			Street Address <b>27 Cross St.</b>		
City <b>manville</b>	State <b>RI</b>	Zip <b>02838</b>	City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
Director Name <b>Francis Morin</b>			Director Name <b>None</b>		
Street Address <b>27 Cross St</b>			Street Address		
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <b>Danielle A. Morin</b>					Date <b>1/30/2023</b>
Signature of Officer/Authorized Representative <b>Danielle A. Morin</b>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 30 2023

BY **QFP96**  
**#11607**