



State of Rhode Island
Department of State - Business Services Division

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

2023 JAN 30 PM 1:14

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.

1. Entity ID Number 000621014		2. Exact name of the Corporation Manville Farm League			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide instructional baseball to boys + girls ages 7-12 from the Manville and surrounding areas.			
4. NAICS Code 624110					
6. Principal Office Address 400 New River Rd. Apt 806			City Manville	State RI	Zip 02838
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sara Brown			Vice-President Name Danielle Morin		
Street Address 400 New River Rd. Apt 806			Street Address 27 Cross St.		
City manville	State RI	Zip 02838	City manville	State RI	Zip 02838
Secretary Name Francis Morin			Treasurer Name Keigan Morin		
Street Address 27 Cross St			Street Address 27 Cross St.		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
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 Sara Brown			Director Name Danielle Morin		
Street Address			Street Address 27 Cross St.		
City manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Director Name Francis Morin			Director Name None		
Street Address 27 Cross St			Street Address		
City Manville	State RI	Zip 02838	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 Danielle A. Morin					Date 1/30/2023
Signature of Officer/Authorized Representative <i>Danielle A. Morin</i>					FILED

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