



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000026064

2. Name of Corporation DARLINGTON GIRLS SOFTBALL LEAGUE, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Principal Office Address

No. and Street: 30 MONTICELLO ROAD

P.O. BOX 2827

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SOFTBALL LEAGUE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH GODIN SR	14 ILLINOIS ST CENTRAL FALLS, RI 02863 USA
TREASURER	MARIA JIMENEZ	178 WASHINGTON STREET CENTRAL FALLS, RI 02863 USA
SECRETARY	CHANTELLE FELEY	6 POND STREET PAWTUCKET, RI 02860 USA
DIRECTOR	OMAR MEDINA	14 GREEN LANE ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	CRYSTAL GODIN	14 ILLINOIS STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	PAUL FELEY	6 POND STREET PAWTUCKET, RI 02860 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH GODIN 14 ILLINOIS STREET CENTRAL FALLS , RI 02863

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of February, 2023 at 4:58:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOSEPH GODIN SR.
Signature of Authorized Person

Form No. 631
Revised 09/07

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