



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

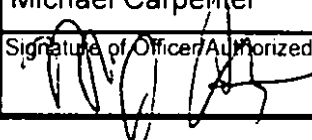
→ Filing period February 1 - May 1

→ Filing Fee \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.

FEB 06 2023

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1. Entity ID Number 793697		2. Exact name of the Corporation Approved Baseball Umpires of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Umpiring Services to Amateur Baseball Leagues.			
4. NAICS Code 611620					
6. Principal Office Address PO Box 4062		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joel Richards			Vice-President Name Michael Kennedy		
Street Address 19A Annadale Rd			Street Address 439 Carter Ave		
City Newport	State RI	Zip 02840	City Pawtucket	State RI	Zip 02861
Secretary Name Jack Reardon			Treasurer Name Michael Carpenter		
Street Address 17 Stony Lane			Street Address 26 Atlantic Street		
City Smithfield	State RI	Zip 02917	City Newport	State RI	Zip 02840
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 Joel Richards			Director Name Michael Kennedy		
Street Address 19A Annadale Rd			Street Address 439 Carter Ave		
City Newport	State RI	Zip 02840	City Pawtucket	State RI	Zip 02861
Director Name Jack Reardon			Director Name Michael Carpenter		
Street Address 17 Stony Lane			Street Address 26 Atlantic Street		
City Smithfield	State RI	Zip 02917	City Newport	State RI	Zip 02840
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 Michael Carpenter				Date 2/1/2023	
Signature of Officer/Authorized Representative  2/1/2023					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021