



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 FEB 28 A 11:19

1. Entity ID Number <b>000027930</b>		2. Exact name of the Corporation <b>North Providence Youth Basketball Association</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO conduct youth basketball for the youth of North Providence. INC.</b>	
4. NAICS Code <b>713990</b>			
6. Principal Office Address <b>5 Jessica Circle</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02911</b>	
7. List ALL officers (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>			
President Name <b>Jeff Accioli</b>		Vice-President Name <b>Patrick Picard</b>	
Street Address <b>3 Pleasant View Drive</b>		Street Address <b>6 Hickory Rd</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
	Zip <b>02904</b>		Zip <b>02904</b>
Secretary Name		Treasurer Name <b>Vincent Poliseng</b>	
Street Address		Street Address <b>5 Jessica Circle</b>	
City	State	City <b>North Providence</b>	State <b>RI</b>
	Zip		Zip <b>02911</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>Debra Polsell</b>		Director Name <b>Raymond Cloutier</b>	
Street Address <b>2 Crestview Drive</b>		Street Address <b>721 Smithfield Road</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
	Zip <b>02822</b>		Zip <b>02904</b>
Director Name <b>Michael Walker</b>		Director Name	
Street Address <b>3 Jared Court</b>		Street Address	
City <b>North Providence</b>	State <b>RI</b>	City	State
	Zip <b>02911</b>		Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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>Vincent J. Poliseng Treasurer</b>			Date <b>2/28/23</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

FEB 28 2023

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