



State of Rhode Island
Department of State - Business Services Division

**FILED
STAMP**
APR 06 2023
BY [Signature]

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 37483	2. Exact name of the Corporation Rhode Island Senior Softball League		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To foster the game of softball for the benefit of persons over the age of 50		
4. NAICS Code 713990			

6. Principal Office Address 100 Mann School Rd	City Smithfield	State RI	Zip 02917
--	---------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Donald Ardito		Vice-President Name Michael Hoff	
Street Address 8 Stuart Drive		Street Address 5 Heywood Lane	
City Coventry	State RI	City Johnston	State RI
Zip 02816		Zip 02919	
Secretary Name Stephen Thompson		Treasurer Name Paul Danesi	
Street Address 100 Mann School Rd		Street Address 4 Needham St	
City Smithfield	State RI	City Johnston	State RI
Zip 02917		Zip 02919	

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 Brian McCourt		Director Name David Santagata	
Street Address 4 Kerri Lynn Rd		Street Address 2 Genoa St	
City Warwick	State RI	City North Providence	State RI
Zip 02889		Zip 02904	
Director Name Anthony Razzera		Director Name	
Street Address 263 Pulaski St		Street Address	
City West Warwick	State RI	City	State
Zip 02893		Zip	

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, the Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative DONALD A ARDITO	Date 3/29/23
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov