



**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 - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 001674887

**2. Name of Corporation** South Kingstown Youth Basketball Association

**3. State of Incorporation**

State: RI

**NAICS CODE**

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  
813990

**4. Principal Office Address**

No. and Street: PO BOX 5447  
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

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

YOUTH BASKETBALL ORGANIZATION IN THE TOWN OF SOUTH KINGSTOWN

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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DIRECTOR	ROBERT CAVANAH	21 MOUNTAIN LAUREL DRIVE KINGSTON, RI 02881 USA
DIRECTOR	ED BROCK	52 WHISPERING PINE TRAIL WAKEFIELD, RI 02879 USA
DIRECTOR	WILLIAM MARTIN	151 SILVER LAKE AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL SPARKS	188 PINE HILL ROAD WAKEFIELD, RI 02879 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**

ED BROCK 52 WHISPERING PINE TRAIL WAKEFIELD , RI 02879

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

**Signed this 29 Day of May, 2023 at 1:16:01 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 WILLIAM F MARTIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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