



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 JUN -7 PM 12:16

1. Entity ID Number 000054536		2. Exact name of the Corporation NEWPORT BASE RUTH LEAGUE INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island YOUTH BASEBALL			
4. NAICS Code 711211					
6. Principal Office Address 25 PECKHAM AV			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JAMES HICKS			Vice-President Name CHRIS PATSOS		
Street Address 6 GIBBON PARK RD.			Street Address 12 PARADISE AV		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Secretary Name SCOTT WOLHOUSE			Treasurer Name KEVIN CARLOS		
Street Address 8 HOMER ST			Street Address 25 PECKHAM AV		
City NEWPORT	State RI	Zip 02840	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			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 041.					
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 KEVIN CARLOS					Date 6/27/23
Signature of Officer/Authorized Representative <i>Kevin Carlos</i>					FILED

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

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BY **NØV64**
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