RI SOS Filing Number: 202336701880 Date: 6/7/2023 12:27:00 PM



## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation** 

"RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2023 JUN - 7 PM 12: 16

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 0 0 0 0 5 4 5 3 6	2. Exact name of the Corporation  NEWPORT BABERUTH LEAGUE INC					
	<u> </u>	•		···		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island  YouTは 348EBALL					
4. NAICS Code	1					
7/12/1	[					
6. Principal Office Address			City	State	Žip	
25 PECKHAM	AV		NEWPORT	R1	02840	
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name  AMES HUCKS			Vice-President Name  LAPELS PATSOS			
G GIBSON PARK Rd.			12 PARADISE AV			
City NEWPLACT	State /	ZipOZSYU	MIDDLETOWN	State /	2ip 842	
ecretary Name SUBTT WOLLHOUSE			Treasurer Name CARLOS			
Street Address HOMEN ST			Street Address PECK HAM AV			
NEWPORT	**************************************	02840	"MEWPORT	TR1	-078K	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name			Director Name			
Street Address 1	<i>&gt; 1</i>	1	Street Address			
Uny L	) - L	1-11	Uny	<del></del>	ا دن	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
S. The Registered Agent Information	n of .econd with th	e Ri Depailment :	t. A Ciair le accurate. Changre require	ining Form 0-11	<del></del>	
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, Tressurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative					<u> </u>	
KEUIN	CARLO		6/27/2	?3		
Signature of Officer/Authorized Representative						
	Keven Carlos 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

FORM 631- Revised: 04/2023