



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2009  
Non-Profit Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 JUN -7 PM 12:16

1. Entity ID Number <b>000054536</b>		2. Exact name of the Corporation <b>NEWPORT BASE RUTH LEAGUE INC</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>YOUTH BASEBALL</b>			
4. NAICS Code <b>711211</b>					
6. Principal Office Address <b>25 PECKHAM AV</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAMES HICKS</b>			Vice-President Name <b>CHRIS PATSOS</b>		
Street Address <b>6 GIBSON PARK RD.</b>			Street Address <b>12 PARADISE AV</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>SCOTT WOOLHOUSE</b>			Treasurer Name <b>KEVIN CARLOS</b>		
Street Address <b>8 HOMER ST</b>			Street Address <b>25 PECKHAM AV</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 G-1.					
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 <b>KEVIN CARLOS</b>					Date <b>6/27/23</b>
Signature of Officer/Authorized Representative <b>Kevin Carlos</b>					

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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FORM 631- Revised 04/2023