



State of Rhode Island  
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <b>001712761</b>		2. Exact name of the Corporation <b>WARWICK North Softball Little League</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SOFTBALL LITTLE LEAGUE</b>	
4. NAICS Code <b>624110</b>			
6. Principal Office Address <b>80 Bend ST</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02888</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>GARY DON BECK</b>		Vice-President Name <b>KEVIN DETROIA</b>	
Street Address <b>44 Palm Blvd N.</b>		Street Address <b>126 Adams ST</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
Secretary Name <b>Denise Zanni</b>		Treasurer Name <b>Kevin Wood</b>	
Street Address <b>41 Canalcode Blvd</b>		Street Address <b>44 McKay ST</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>GARY DON BECK</b>		Director Name <b>KEVIN DETROIA</b>	
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
Director Name <b>Denise Zanni</b>		Director Name <b>KEVIN WOOD</b>	
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
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, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <b>KEVIN DETROIA</b>			Date <b>7/3/23</b>
Signature of Officer/Authorized Representative 			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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