



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

2023 JUL -3 P 3 26

1. Entity ID Number 001712761		2. Exact name of the Corporation WARWICK North Softball Little League	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SOFTBALL LITTLE LEAGUE	
4. NAICS Code 624110			
6. Principal Office Address 80 Bend ST		City WARWICK	State RI
		Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Gary Don Beck		Vice-President Name Kevin DeFuria	
Street Address 44 Palm Blvd N.		Street Address 126 Adams ST	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
Secretary Name Denise Zanni		Treasurer Name Kevin Wood	
Street Address 41 Canalcode Blvd		Street Address 44 McKay ST	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
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 Gary Don Beck		Director Name Kevin DeFuria	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
Director Name Denise Zanni		Director Name Kevin Wood	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
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 Kevin DeFuria			Date 7/3/23
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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BY ML ESYXF