



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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|--|--------------------|--|-----------------------|
| 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 DOM BECK | | Vice-President Name KEVIN DETROIA | |
| 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 Cavalcade 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 DOM BECK | | Director Name KEVIN DETROIA | |
| 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 DETROIA | | | 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

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