



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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.

FILED

JAN 31 2024

1. Entity ID Number 000027930		2. Exact name of the Corporation North Providence Youth Basketball Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO CONDUCT YOUTH BASKETBALL LEAGUE FOR THE YOUTH OF NORTH PROVIDENCE			
4. NAICS Code 713990					
6. Principal Office Address 3 Pleasant View Dr			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeff Acciaioli			Vice-President Name Patrick Picard		
Street Address 3 Pleasant View Dr			Street Address 6 Hickory Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name			Treasurer Name Brendan Walker		
Street Address			Street Address 3 Jared Court		
City	State	Zip	City North Providence	State RI	Zip 02911
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 Debra Polselli			Director Name Raymond Cloutier		
Street Address 2 Crestview Dr			Street Address 721 Smithfield Road		
City Smithfield	State RI	Zip 02828	City North Providence	State RI	Zip 02904
Director Name Michael Walker			Director Name		
Street Address 3 Jared Court			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Brendan Walker, Treasurer				Date 1/28/24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov