



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2024**

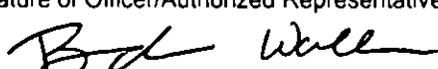
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 31 2024
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[Signature]

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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov