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State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
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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.

1. Entity ID Number 001070280	2. Exact name of the Corporation Aquidneck Island Double Dutch League
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island The league provides an organized sport through competitive jump rope and Double Dutch. Through this participation kids will have the opportunity to compete in tournaments throughout the country and perform in demonstrati
4. NAICS Code 624110	

6. Principal Office Address	City	State	Zip
27 Leland Point Dr.	Portsmouth	RI	02871

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name Ray Malone			Director Name Donna Matthews		
Street Address 27 Leland Point Dr.			Street Address 19 Walcott Ave.		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Director Name Sherri McLeish			Director Name Larry Mannings		
Street Address 5 Orville Dr.			Street Address 43 Orchard Ave		
City Middletown	State RI	Zip 02842	City Providence	State RI	Zip 02906

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	Date
Ray Malone	**2/21/2024**

Signature of Officer/Authorized Representative
Ray Malone

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

FORM 631- Revised. 12/2023