



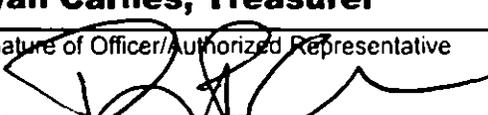
**State of Rhode Island
Department of State - Business Services Division**

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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1. Entity ID Number 26068		2. Exact name of the Corporation Darlington Little League Inc. American Division			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON PROFIT LITTLE LEAGUE BASEBALL ASSOCIATION			
4. NAICS Code 713990					
6. Principal Office Address 19 WILLISTON WAY		City PAWTUCKET	State RI	Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos Smith		Vice-President Name Antonio Goncalves			
Street Address 77 Charlton Ave		Street Address 19 Williston Way			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Secretary Name Meghan McBurney		Treasurer Name Phillip Shea			
Street Address 95 Pinecrest Dr		Street Address 65 Washburn Ave			
City Pawtucket	State RI	Zip 02861	City Rumford	State RI	Zip 02916
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 Kayla Whipple		Director Name Ryan Carnes			
Street Address 409 Prospect St		Street Address 57 Booth Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02816
Director Name Nicole Latendresse		Director Name James Viola			
Street Address 57 Seabiscuit Pl		Street Address 124 Ames St			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Ryan Carnes, Treasurer				Date 3/5/24	
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

MAR 08 2024
 BY ZJ502
 A.A. 12:16pm.
FORM 631- Revised: 12/2023