



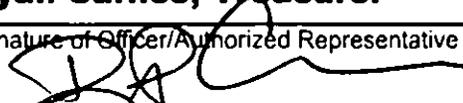
**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022

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 Nicole Latendresse		
Street Address 77 Charlton			Street Address 57 Seabiscuit PL		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Secretary Name Phillip Shea			Treasurer Name Phillip Shea		
Street Address 65 Washburn Ave			Street Address 65 Washburn Ave		
City Rumford	State RI	Zip 02916	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 Kerri Lusiak		
Street Address 409 Prospect St			Street Address 40 Rosella Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Director Name Shawn Markley			Director Name		
Street Address 5 Brook Ct			Street Address		
City Pawtucket	State RI	Zip 02861	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 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

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