



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

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.

REC'D RI 05 B5  
24 APR 10 11:23:54  
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24 APR 10 11:23:54

1. Entity ID Number 000026458		2. Exact name of the Corporation Narragansett Little League			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Narragansett Little League teaches local youth the games of baseball and softball.			
4. NAICS Code 713990					
6. Principal Office Address PO Box 179		City Narragansett		State RI	Zip 02882
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Eric Kopf			Vice-President Name Brian Tetreault		
Street Address 32 Cypress Avenue			Street Address 33 Twin Leaf Trail		
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
Secretary Name Robert Taliani			Treasurer Name Steve Schwab		
Street Address 34 Betony Road			Street Address 31 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Eric Kopf			Director Name Brian Tetreault		
Street Address 32 Cypress Avenue			Street Address 33 Twin Leaf Trail		
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
Director Name Robert Taliani			Director Name Steve Schwab		
Street Address 34 Betony Road			Street Address 31 Crosswynds Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Jodi Brock</b>					Date <b>02/25/24</b>
Signature of Officer/Authorized Representative <i>Jodi Brock</i>					

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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