



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

**Annual Report for the year: 2019**

**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 <b>000026458</b>		2. Exact name of the Corporation <b>Narragansett Little League</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Narragansett Little League teaches local youth the games of baseball and softball.</b>	
4. NAICS Code <b>713990</b>			
6. Principal Office Address <b>PO Box 179</b>		City <b>Narragansett</b>	State <b>RI</b>
		Zip <b>02882</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Eric Kopf</b>		Vice-President Name <b>Brian Tetreault</b>	
Street Address <b>32 Cypress Avenue</b>		Street Address <b>33 Twin Leaf Trail</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02874</b>	
Secretary Name <b>Harinder Cronin</b>		Treasurer Name <b>Steve Schwab</b>	
Street Address <b>148 Kingstown Rd.</b>		Street Address <b>31 Crosswynds Drive</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02874</b>	
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 <b>Eric Kopf</b>		Director Name <b>Brian Tetreault</b>	
Street Address <b>32 Cypress Avenue</b>		Street Address <b>33 Twin Leaf Trail</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02874</b>	
Director Name <b>Harinder Cronin</b>		Director Name <b>Steve Schwab</b>	
Street Address <b>148 Kingstown Rd.</b>		Street Address <b>31 Crosswynds Drive</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02874</b>	
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>			
<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 <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](http://www.sos.ri.gov)

**APR 18 2024**  
**BY ML 130**