



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 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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Eric Kopf		Vice-President Name Brian Tetreault	
Street Address 32 Cypress Avenue		Street Address 33 Twin Leaf Trail	
City Narragansett	State RI	City Saunderstown	State RI
Secretary Name Harinder Cronin		Treasurer Name Steve Schwab	
Street Address 148 Kingstown Rd.		Street Address 31 Crosswynds Drive	
City Narragansett	State RI	City Saunderstown	State RI
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 Eric Kopf		Director Name Brian Tetreault	
Street Address 32 Cypress Avenue		Street Address 33 Twin Leaf Trail	
City Narragansett	State RI	City Saunderstown	State RI
Director Name Harinder Cronin		Director Name Steve Schwab	
Street Address 148 Kingstown Rd.		Street Address 31 Crosswynds Drive	
City Narragansett	State RI	City Saunderstown	State RI
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.			
<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 Jodi Brock			Date 02/25/24
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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