State of Rhode Isla Department of S		ss Services [	Division		و .و.	
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.			<b>~</b> _		10 mg/2	
			REC'D '24 APR	24		
			70 RT 18	REC'U 4 APR		
Entity ID Number     2. Exact name of the Corporation						
000026458	_	sett Little Le	eague King	RIDOS (O AH)		
3. State of Incorporation	5. Brief descrip	tion of the charact	of business conducted in Rhode Island පුළු teaches local youth the games of Baset			
RI	- Narraganse	en Linie Leagi	ue teacnes local youth th	ne games ഗ്രീയas	eball and	
4. NAICS Code 713990	John Dall.					
6. Principal Office Address		<del>1, -</del> ·	City	State	Zip	
PO Box 179			Narragansett	RI	02882	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Eric Kopf			Vice-President Name Brian Tetreault			
Street Address 32 Cypress Avenue			Street Address 33 Twin Leaf Trail			
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	<sup>City</sup> Saunderstown	State RI	Zip 02874	
Secretary Name Harinder Cronin			Treasurer Name Steve Schwab			
Street Address 148 Kingstown Rd.			Street Address 31 Crosswynds Drive			
<sup>City</sup> Narragansett	State RI	Z <sub>1</sub> p 02882	City Saunderstown	State RI	Z <sub>IP</sub> 02874	
8. List ALL directors (names and	d addresses). RI Co	rporations MUST I		eck the box to indicate a	an attachment	
Director Name Eric Kopf			Director Name Brian Tetreault			
Street Address 32 Cypress Avenue			Street Address 33 Twin Leaf Trail			
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Saunderstown	State RI	Zip 02874	
Director Name Harinder Cronin			Director Name Steve Schwab			
Street Address 148 Kingstown Rd.			Street Address 31 Crosswynds Drive			

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

<sup>Zip</sup> 02882

State RI

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

**FILED** 

<sup>City</sup> Saunderstown

MAIL TO:

Division of Business Services

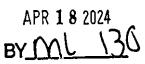
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Jodi Brock

City Narragansett

1:44



<sup>Zip</sup> 02874

State RI

Date

02/25/24