



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2009

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 ☐
President Name Unknown			Vice-President Name Unknown		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Unknown			Treasurer Name Unknown		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment ☐
Director Name Unknown			Director Name Unknown		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Unknown			Director Name Unknown		
Street Address			Street Address		
City	State	Zip	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 Jodi Brock				Date 02/25/24	
Signature of Officer/Authorized Representative Jodi Brock					

FILED

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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