RI SOS Filing Number: 202451631590 Date: 4/18/2024 1:33:00 PM

Annual Report for the year: 2008  Non-Profit Corporation  Filing period, Erburay 1- May 1  Filing period, May	State of Rhode Isla Department of S		iness Service	s Division			
1. Entity ID Number	Non-Profit Corporation  → Filing period: February 1 - Ma  → Filing Fee: \$20.00	y 1		REC '24 AI	REC'D 4 APR		
3. State of Incorporation RI  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball.  Narragansett Little League teaches local Youth the games of baseball and softball an		<del></del>		<del></del>	<u> </u>		
RI    Narragansett Little League teaches local with the games of baseball and softball.			•	League	<u></u>		
PO Box 179  Narragansett  RI  02882  7. List ALL officers (names and addresses)  Check the box to indicate an attachment Unknown  Street Address  Sireet Address  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  Director	RI 4. NAICS Code	Narragansett Little League teaches local youth the games of baseball and					
President Name Unknown  Street Address  City State Zip City State Zip  Secretary Name Unknown  Street Address  City State Zip  Street Address  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 Unknown  Street Address  City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip  City State Zip  Check the box to indicate an attachment Check The Address  City State Zip  Check the box to indicate an attachment Check The Address  Cit	· · · · · · · · · · · · · · · · · · ·						
Street Address  City State Zip City State Zip City State Zip  Street Address  City State Zip 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 Unknown  Street Address  City State Zip Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative. Receiver or Trustee  Name of Officer/Authorized Representative  Joel Brock  Signature of Officer/Authorized Representative		addresses)			Check the box to indicate an attachment		
Street Address  City State Zip City State Zip City State Zip  Street Address  City State Zip 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 Unknown  Street Address  City State Zip Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative. Receiver or Trustee  Name of Officer/Authorized Representative  Joel Brock  Signature of Officer/Authorized Representative	President Name Unknown			Vice-President Name Unknown			
Secretary Name Unknown  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 Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip  9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filling 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.  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  Jodi Brock  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative	<del></del>						
Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  Check the box to indicate an attachment  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  Director Name  Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Date  Date  D2/25/24  Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative	City	State	Zip	City	State Z <sub>I</sub> p		
Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  Director Name Unknown  Street Address  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Date  Date  Date  D2/25/24  Signature of Officer/Authorized Representative	Secretary Name Unknown	Secretary Name Unknown			Treasurer Name Unknown		
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  Street Address  City State Zip City State Zip  Director Name Unknown  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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee  Date  Jodi Brock  Signature of Officer/Authorized Representative  Date  02/25/24							
Check the box to indicate an attachment  Director Name Unknown  Street Address  City State Zip City State Zip  Director Name Unknown  Street Address  City State Zip  Director Name Unknown  Street Address  City State Zip  Othy State Zip  9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filling 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.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Name of Officer/Authorized Representative  Jodi Brock  Signature of Officer/Authorized Representative	City	State	Zip	City	State Zip		
Director Name Unknown  Street Address  City  State  Zip  City  State  Zip  Director Name Unknown  Street Address  City  State  Zip  Director Name Unknown  Street Address  City  State  Zip  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.  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  Jodi Brock  Signature of Officer/Authorized Representative		d addresses). R	I Corporations MU	ST list at least THREE directors			
Street Address  City  State  Zip  City  State  Zip  Director Name  Unknown  Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Gity  State  Zip  Gity  State  Zip  Gity  State  Zip  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.  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  Jodi Brock  Signature of Officer/Authorized Representative	Director Name Unknown	<del></del> .		Director Name Unknow			
Director Name Unknown  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  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.  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  Jodi Brock  Signature of Officer/Authorized Representative	Street Address			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.  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  Jodi Brock  Signature of Officer/Authorized Representative	City	State	Zıp	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.  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  Jodi Brock  Signature of Officer/Authorized Representative	Director Name Unknown			Director Name Unknown			
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.  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  Jodi Brock  Signature of Officer/Authorized Representative	Street Address			Street Address			
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  Jodi Brock  Signature of Officer/Authorized Representative	City	State	Zip	City	State Zip		
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  Jodi Brock  Signature of Officer/Authorized Representative	9 The Registered Agent informa	ation of record	with the RI Departn	nent of State is accurate. Chan	ges require filing Form 641.		
Name of Officer/Authorized Representative  Jodi Brock  Signature of Officer/Authorized Representative					ny accompanying schedules and		
Jodi Brock Signature of Officer/Authorized Representative	This report must be signed by either the	President, Vice-Pre	sident, Secretary, Assist	ant Secretary, Treasurer, duly Authorized	1 Representative, Receiver or Trustee		
Signature of Officer/Authorized Representative	· ·	presentative			Date		
I had a 10 and 11					02/25/24		
TILE!)	Signature of Officer/Authorized I	Representative	<u>-</u>	FILE	)		

Division of Business Services

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

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

