Annual Report for the year: Non-Profit Corporation → Filing period. February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if		ed by May 31.		REC'D R 24 APR 1		
1. Entity ID Number 000026458		me of the Corporansett Little	ration	100S S00I		
3. State of Incorporation RI 4. NAICS Code (3-713990			- -	ucted in Rhode Island If youth the games of	baseball and	
6. Principal Office Address PO Box 179			City Narraganset	State RI	Zip 02882	
7. List ALL officers (names and add	dresses)		.,,	Check the box to indi	cate an attachment	
President Name Unknown			Vice-President Nan	Vice-President Name Unknown		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Secretary Name Unknown	•	1	Treasurer Name	Jnknown		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and a	ddresses). RI	Corporations M	UST list at least THREE of		licate an attachment	
Director Name Unknown			Director Name Ur			
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zıp	
Director Name Unknown	4	.	Director Name Ur	nknown		
Street Address			Street Address			
		Zip				

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

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.

Name of Officer/Authorized Representative

02/25/24

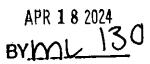
Signature of Officer/Authorized Representative

MAIL TO:

Jodi Brock

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



FILED