State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001679426

2. Name of Corporation USA SOFTBALL OF RHODE ISLAND

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
711211

4. Principal Office Address

No. and Street: 36 PAINE RD,
City or Town: FOSTER State: RI Zip: 02825 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO DEVELOP, ADMINISTER AND PROMOTE THE SPORT OF SOFTBALL FOR YOUTH AND ADULTS OF ALL AGES AND TO PROVIDE OPPORTUNITIES FOR PARTICIPATION AND THE BEST POSSIBLE EXPERIENCE FOR THOSE INVOLVED.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	BEVERLY J WILEY	36 PAINE RD, FOSTER, RI 02825 UNI
DIRECTOR	ROBERT RICCITELLI	PO BOX 131 WYOMING, RI 02898 USA
DIRECTOR	DANIEL LACORBINIERE	2332 POST RD WARWICK, RI 02886 USA
DIRECTOR	MARIA MORIN	28 ASHLEY CT JOHNSTON, RI 02919 USA
DIRECTOR	JIM TROIANO	154 BURNSIDE AV SEEKONK, MA 02771 USA
DIRECTOR	ZEENA BARBARITA	21 LINCOLN DR JOHNSTON, RI 02919 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BEVERLY J. WILEY 36 PAINE ROAD FOSTER , RI 02825

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

Signed this 22 Day of April, 2024 at 8:38:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BEVERLY J. WILEY
Signature of Authorized Person

Form No. 631
Revised 09/07