



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
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.

REC'D RI SOS BSO  
MAY 14 PM 3:47:18

1. Entity ID Number 000027910		2. Exact name of the Corporation THE GLOCESTER LITTLE LEAGUE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ADMINISTER AND RUN THE GLOCESTER LITTLE LEAGUE TITLE: 7-6			
4. NAICS Code 711211					
6. Principal Office Address PO BOX 7			City CHEPACHET	State RI	Zip 02814
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Anastasia S Wachter			Vice-President Name GERARD PAQUETTE		
Street Address 67 ANGEL RD			Street Address 48 WHITE PINE DR		
City CHEPACHET	State RI	Zip 02814	City GLOSTER	State RI	Zip 02814
Secretary Name CHARIRY SANDERS			Treasurer Name ANTHONY MURGIDA		
Street Address 717 CHOPMIST HILL RD			Street Address 10 GAZZA RD		
City NO. SCITUATE	State RI	Zip 02857	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name PAUL MCKENNEY			Director Name RON COTE		
Street Address 74 SPRAGUE HILL RD			Street Address 114 B PHILLIPS RD		
City CHEPACHET	State RI	Zip 02814	City GLOSTER	State RI	Zip 02829
Director Name JESSE ANDREWS			Director Name MATT SHAFFER		
Street Address 32 CHERRY VALEY			Street Address 720 CHOPMIST HILL RD		
City CHEPACHET	State RI	Zip 02814	City NO. SCITUATE	State RI	Zip 02857
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Anastasia S. Wachter					Date 5/14/2024
Signature of Officer/Authorized Representative <i>Anastasia Wachter</i>					

FILED 349

MAY 14 2024

BY ZMTSN

MAIL TO:  
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