RI SOS Filing Number: 202562431690 Date: 1/13/2025 11:48:00 AM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: **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 2. Exact name of the Corporation 001678643 RHODE ISLAND POCKETS 3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island GIKLS RECKEATIONAL TRAVEL SOFTBALL CHAGUE 4. NAICS Code 711 Z 11 6. Principal Office Address City State Zip JOHNSTON 51 OAK HILL DR 02919 RI7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name CALABRO Street Address HILL DR DHNSTON 02919 02919 JUHNSTON Secretary Name Treasurer Name 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 **Director Name** CALABRO Street Address Zip 02919 City z182864 MBECLAND Director Name **Director Name** Street Address Street Address 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.

Name of Officer/Authorized Representative

FILED

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

Date

Signature of Officer/Authorized Representative

JAN 1 3 2025

1/13/25

MAIL TO:

**Division of Business Services** 

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

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