



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000790229		2. Exact name of the Corporation THE RHODE ISLAND UMPIRES ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide umpire services to amateur baseball leagues, ranging from little league to adult leagues.			
4. NAICS Code 813910					
6. Principal Office Address 15 Bayberry Way			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle Rhodes			Vice-President Name Joe Ward		
Street Address 15 Bayberry Way			Street Address 5 Ross Court		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
Secretary Name None			Treasurer Name None		
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 <input type="checkbox"/>					
Director Name Richard Cunningham			Director Name Jason Keith		
Street Address 20 Brookview Dr			Street Address 65 Walden Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Jason Ward			Director Name None		
Street Address 48 Cedarwood Dr			Street Address		
City Cranston	State RI	Zip 02920	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.					
<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 Kyle Rhodes				Date 02/23/2025	
Signature of Officer/Authorized Representative <i>Kyle Rhodes</i>				FEB 25 2025	

MAIL TO:

Division of Business Services

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