



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.

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1. Entity ID Number 001729778		2. Exact name of the Corporation West Warwick Youth Basketball League			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide a recreational youth basketball venue for the children of West Warwick.			
4. NAICS Code 711211					
6. Principal Office Address 345 East Greenwich Avenue			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Foley			Vice-President Name Brian Kershaw		
Street Address 19 Nicole Drive			Street Address 27 Juniper Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Laura Pellecchia			Treasurer Name Amanda Caetano		
Street Address 64 Pinewood Drive			Street Address 105 Tanglewood Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Matt Degnan			Director Name Matthew Raiche		
Street Address 345 East Greenwich Avenue			Street Address 80 Lonsedale Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Charles Foley			Director Name		
Street Address 19 Nicole Drive			Street Address		
City West Warwick	State RI	Zip 02893	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 Amanda Caetano				Date 3/18/25	
Signature of Officer/Authorized Representative Amanda Caetano				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 18 2025
BY **COVAC**
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FORM 631- Revised 12/2023