



State of Rhode Island
Department of State - Business Services Division

REC'D RIBOS BSD
25 MAR 18 PM 9:53:50

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2024

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 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 ☐			
President Name Charles Foley		Vice-President Name Brian Kershaw	
Street Address 19 Nicole Drive		Street Address 27 Juniper Drive	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		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	City West Warwick	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Matt Degnan		Director Name Matthew Raiche	
Street Address 345 East Greenwich Avenue		Street Address 80 Lonsedale Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Director Name Charles Foley		Director Name	
Street Address 19 Nicole Drive		Street Address	
City West Warwick	State RI	City	State
Zip 02893		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 			Date 3/18/25
Signature of Officer/Authorized Representative 			

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
AA 9:54 AM
FORM 631- Revised 12/2023