



State of Rhode Island
Department of State - Business Services Division

REC'D R1005 BSD
25 APR 28 AM 8:36:30

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 26632		2. Exact name of the Corporation Apponaug Girls Softball, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Sports organization providing softball activities to young ladies between the ages of 5 and 18			
4. NAICS Code 624110					
6. Principal Office Address P.O. Box 6934		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lynn Villegas			Vice-President Name Robert Fratus		
Street Address 15 N Pearson Rd			Street Address 241 Norwood Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Alicia Eddy			Treasurer Name David Gardiner		
Street Address 40 Oak Hill Avenue			Street Address 12 Pasco Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Mat Dias			Director Name Joseph (Jay) Eddy		
Street Address 44 Colfax Street			Street Address 40 Oak Hill Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
Director Name Kristen Fratus			Director Name Krista Williams		
Street Address 251 Norwood Avenue			Street Address 103 Plymouth Rd		
City Warwick	State RI	Zip 02888	City East Providence	State RI	Zip 02914
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Krista A. Williams				Date 04/28/2025	
Signature of Officer/Authorized Representative 				FILED APR 28 2025	

MAIL TO:

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

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