State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000161591

2. Name of Corporation PORTSMOUTH YOUTH BASKETBALL

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code
624110

4. Principal Office Address

No. and Street: P.O. BOX 171
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

YOUTH LEAGUE INSTRUCTIONAL BASKETBALL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT	CARA MILLETT	PO BOX 171 PORTSMOUTH, RI 02871 USA
TREASURER	ALYSON ADKINS	PO BOX 171 PORTSMOUTH, RI 02871 USA
SECRETARY	BOB MACMANNIS	PO BOX 171 POTSMOUTH, RI 02871 USA
VICE PRESIDENT	JOHN BRONSON	PO BOX 171 PORTSMOUTH, RI 02871 USA
DIRECTOR	JUSTIN HACKLEY	PO BOX 171 PORTSMOUTH, RI 02871 USA
DIRECTOR	RYAN LYNCH	16 LILAC LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	TORREY BARTLETT	45 GREYLOCK DRIVE PORTSMOUTH , RI 02871 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SEAN CASEY 1012 ANTHONY ROAD PORTSMOUTH , RI 02871

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

Signed this 11 Day of July, 2025 at 6:00:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CARA MILLETT
Signature of Authorized Person

Form No. 631
Revised 09/07