



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2019

## 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.

REC'D RI SOS BSD  
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|                                                                                                                                                                                                             |       |                                                                                                              |                     |                   |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|---------------------|-------------------|-----------------------------------------------------------------------------|
| 1 Entity ID Number<br>000086508                                                                                                                                                                             |       | 2 Exact name of the Corporation<br>Lincoln Little League, Inc.                                               |                     |                   |                                                                             |
| 3. State of Incorporation<br>Rhode Island                                                                                                                                                                   |       | 5. Brief description of the character of business conducted in Rhode Island<br>YOUTH BASEBALL.<br>TITLE: 7-6 |                     |                   |                                                                             |
| 4 NAICS Code<br>813410                                                                                                                                                                                      |       |                                                                                                              |                     |                   |                                                                             |
| 6. Principal Office Address<br>422 River Road                                                                                                                                                               |       |                                                                                                              | City<br>Lincoln     | State<br>RI       | Zip<br>02865                                                                |
| 7 List ALL officers (names and addresses)                                                                                                                                                                   |       |                                                                                                              |                     |                   | Check the box to indicate an attachment <input checked="" type="checkbox"/> |
| President Name                                                                                                                                                                                              |       |                                                                                                              | Vice-President Name |                   |                                                                             |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address      |                   |                                                                             |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | City                | State             | Zip                                                                         |
| Secretary Name                                                                                                                                                                                              |       |                                                                                                              | Treasurer Name      |                   |                                                                             |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address      |                   |                                                                             |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | City                | State             | Zip                                                                         |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors                                                                                               |       |                                                                                                              |                     |                   |                                                                             |
| Check the box to indicate an attachment <input checked="" type="checkbox"/>                                                                                                                                 |       |                                                                                                              |                     |                   |                                                                             |
| Director Name                                                                                                                                                                                               |       |                                                                                                              | Director Name       |                   |                                                                             |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address      |                   |                                                                             |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | City                | State             | Zip                                                                         |
| Director Name                                                                                                                                                                                               |       |                                                                                                              | Director Name       |                   |                                                                             |
| Street Address                                                                                                                                                                                              |       |                                                                                                              | Street Address      |                   |                                                                             |
| City                                                                                                                                                                                                        | State | Zip                                                                                                          | City                | State             | Zip                                                                         |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.                                                                                 |       |                                                                                                              |                     |                   |                                                                             |
| <b>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.</b> |       |                                                                                                              |                     |                   |                                                                             |
| 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<br><b>John Sharkey, President</b>                                                                                                                                 |       |                                                                                                              |                     | Date<br>9/23/2025 |                                                                             |
| Signature of Officer/Authorized Representative<br><i>John Sharkey</i>                                                                                                                                       |       |                                                                                                              |                     |                   |                                                                             |

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

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FORM 631- Revised 12/2023

**Lincoln Little League, Inc.**  
Rhode Island Annual Report For Non-Profit Corporation

Schedule A  
Executive Board

| <b>Title</b>          | <b>Name</b>         | <b>Address</b>                    |
|-----------------------|---------------------|-----------------------------------|
| President             | John Sharkey        | 422 River Road, Lincoln, RI 02865 |
| VP Softball           | Brian Hurley        | 422 River Road, Lincoln, RI 02865 |
| Treasurer             | Mike Hill           | 422 River Road, Lincoln, RI 02865 |
| Baseball Player Agent | Brian McDonnell     | 422 River Road, Lincoln, RI 02865 |
| Softball Player Agent | Katie Newell Chabot | 422 River Road, Lincoln, RI 02865 |

**Lincoln Little League, Inc.**  
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Schedule B  
Directors

| <b>Title</b> | <b>Name</b>         | <b>Address</b>                    |
|--------------|---------------------|-----------------------------------|
| Director     | John Sharkey        | 422 River Road, Lincoln, RI 02865 |
| Director     | Brian Hurley        | 422 River Road, Lincoln, RI 02865 |
| Director     | Mike Hill           | 422 River Road, Lincoln, RI 02865 |
| Director     | Brian McDonnell     | 422 River Road, Lincoln, RI 02865 |
| Director     | Katie Newell Chabot | 422 River Road, Lincoln, RI 02865 |
| Director     | Eddie Lee           | 422 River Road, Lincoln, RI 02865 |
| Director     | Dan Laneres         | 422 River Road, Lincoln, RI 02865 |
| Director     | Stephen Holmes      | 422 River Road, Lincoln, RI 02865 |
| Director     | Marik Fiero         | 422 River Road, Lincoln, RI 02865 |
| Director     | Jeff Juckett        | 422 River Road, Lincoln, RI 02865 |
| Director     | Dan Mercer          | 422 River Road, Lincoln, RI 02865 |
| Director     | Brian Prosnitz      | 422 River Road, Lincoln, RI 02865 |
| Director     | Marc Santos         | 422 River Road, Lincoln, RI 02865 |