



**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 2024:** 2024

**1. Corporate ID No.** 001749973

**2. Name of Corporation** RHODE ISLAND DISTRICT 4 LITTLE LEAGUE, INC

**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

813990

**4. Principal Office Address**

No. and Street: 15 DILLON LANE

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

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

TO ORGANIZE EXCLUSIVELY FOR CHARITABLE PURPOSES AND SPECIFICALLY ADMINISTER, GUIDE, EDUCATE, SUPPORT AND PROMOTE THE POLICIES, RULES, REGULATIONS AND GUIDELINES FOR LITTLE LEAGUE BASEBALL, INC. AND THE FOSTERING OF ITS AMATEUR SPORTS, COMPETITIONS, AND FOR SUCH PURPOSES, TO MAKE DISTRIBUTIONS TO ORGANIZATIONS CHARTERED BY LITTLE LEAGUE BASEBALL, INC. AND/OR THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION

501(C)(3)

AND LIKE SECTIONS OF THE INTERNAL REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	MICHAEL J. COLUCCI	530 GREENWICH AVENUE WARWICK, RI 02886 USA
DIRECTOR	MICHAEL GUILFOYLE	15 DILON LANE SMITHFIELD, RI 02917 USA
DIRECTOR	JOHN SHARKEY	422 RIVER ROAD LINCOLN, RI 02865 USA
DIRECTOR	MICHAEL ST. GERMAIN	123 ARLAND COURT WOONSOCKET, RI 02865 USA
DIRECTOR	MICHAEL J COLUCCI	530 GREENWICH AVENUE WARWICK, RI 02886 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**

MICHAEL J. COLUCCI 530 GREENWICH AVENUE WARWICK , RI 02886

**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 March, 2024 at 10:04:01 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 MICHAEL COLUCCI  
Signature of Authorized Person

Form No. 631  
Revised 09/07