SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210504501

1.) CORPORATION NAME:

NORTHAMPTON LITTLE LEAGUE, INC.

DUE DATE: **11/30/2010**

SCC ID NO: **01558915**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
OFFICER
LONNIE F ELROD
8100 ROANOKE AVENUE
HAMPTON, VA 23605

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HAMPTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1406 TODDS LN

CITY/ST/ZIP: HAMPTON, VA 23666-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		OFFICER	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURIE D. ROBERTS TREASURER 427 GORDON COURT HAMPTON, VA 23666-	x	x
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMY JESSUP INFORMATION OFF 205 TIGER RUN YORKTOWN, VA 23693-	x	x
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS RODRIGUEZ PRESIDENT 4 KALEIGH CT HAMPTON, VA 23666-	x	x
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELANIE GRAY SECRETARY 1815 LAKE VIEW DR HAMPTON, VA 23666-	x	x
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY BOULAIS COMMISSIONER-SB 708 ERSKINE ST HAMPTON, VA 23666-	x	x

		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN GRAY, JR COMMISSIONER-TC 1815 LAKE VIEW DR HAMPTON, VA 23666-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRYSTAL GARY VICE PRESIDENT 19 KEMPER AVE NEWPORT NEWS, VA 23601-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH PORTERFIELD UMPIRE COORD. 643 HOLLOMAN DR HAMPTON, VA 23666-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN PARKER FACILITIES MGR 836 WEYMOUTH TERR HAMPTON, VA 23666-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRI DESHONG PLAYER AGENT 213 UPLAND DR HAMPTON, VA 23666-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ED ORTIZ COMMISS.-JR/SR 340 BROMSGROVE DR HAMPTON, VA 23666-		
		x OFFICER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEROCKE CROOM SAFETY OFFICER 109 GREENWELL DR HAMPTON, VA 23666-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LAURIE D. ROBERTS	LAURIE D. ROBERTS, TREASURER	11/3/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.