

1.) CORPORATION NAME:

**NORTHAMPTON LITTLE LEAGUE, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
CARLOS RODRIGUEZ  
4 KALEIGH CT  
HAMPTON, VA 23666**

SCC ID NO: **01558915**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

NAME: CARLOS RODRIGUEZ  
TITLE: PRESIDENT  
ADDRESS: 4 KALEIGH CT  
CITY/ST/ZIP/CO: HAMPTON, VA 23666-

OFFICER

DIRECTOR

NAME: CRYSTAL GARY  
TITLE: SECRETARY  
ADDRESS: P.O. BOX 9029  
CITY/ST/ZIP/CO: HAMPTON, VA 23670-

OFFICER

DIRECTOR

NAME: LAURIE D. ROBERTS  
TITLE: TREASURER  
ADDRESS: P.O. BOX 9029  
CITY/ST/ZIP/CO: HAMPTON, VA 23670-

OFFICER

DIRECTOR

NAME: DANNY BOULAIS  
TITLE: COMMISSIONER-TB  
ADDRESS: P.O. BOX 9029  
CITY/ST/ZIP/CO: HAMPTON, VA 23670-

OFFICER

DIRECTOR

NAME: SHERRI DESHONG  
TITLE: PLAYER AGENT  
ADDRESS: P.O. BOX 9029  
CITY/ST/ZIP/CO: HAMPTON, VA 23670-

OFFICER

DIRECTOR

NAME:	JIMMY JESSUP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	INFORMATION OFF		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	BRIAN PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FACILITIES MGR		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	ED ORTIZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COMMISS.-JR/SR		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	HEATHER NIEMERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	SCOTT WILLARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MAJOR BB COMM.		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	DEROCKE CROOM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MINOR BB COMM.		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	RICKY HINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COMMISSIONER-SB		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	COLE LINEBERRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	UMIPRE-IN-CHIEF		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	DAWN DIXON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CONCESSIONS MGR		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		
NAME:	ANTHONY HUNT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SAFETY OFFICER		
ADDRESS:	P.O. BOX 9029		
CITY/ST/ZIP/CO:	HAMPTON, VA 23670-		

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  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

LAURIE D. ROBERTS,  
TREASURER  
PRINTED NAME AND CORPORATE  
TITLE

11/22/2011  
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.