

1.) CORPORATION NAME:

ARLINGTON LITTLE LEAGUE INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ADAM BALUTIS
3007 S BUCHANAN ST C1
ARLINGTON, VA**

SCC ID NO: **02966083**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3755

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	ADAM BALUTIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3007 S BUCHANAN ST APT C-1		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	JEREMY ROSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1413B MONROE ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20010		
NAME:	JOHN RALYEA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4814 25TH RD N		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	FRANK BUONO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COUNSEL		
ADDRESS:	5900 28TH ST N		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	Kim Witeck	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1711 N. Hartford St.		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	David Anderson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Equipment		
ADDRESS:	5934 16th St N		
CITY/ST/ZIP/CO:	Arlington, VA 22205		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Anderson Majors 829 N. Lexington St. Arlington, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Shirley Brothwell VICE PRESIDENT 4100 25th St N Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matthew Carlson Safety Officer 1400 N. Sycamore St. Arlington, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sean Carrig Mgr. Committee 941 N. Lebanon St. Arlington, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Coll Training Crdntr 2318 N. Burlington St. Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sal D'Itri Tee Ball 217 N. Galveston St. Arlington, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dana Dougherty Scheduler 2716 Fort Scott Dr. Arlington, VA 22202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Hammer Rookies 2420 N. Lincoln St. Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eric Hansen AAA 3537 S. Stafford St. #A1 Arlington, VA 22206	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steve Sundbeck Chief Umpire 1016 S. Wayne St. Apt. 507 Arlington, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Makara Challengers 1100 S. Barton St. Arlington, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Aija Moeller TITLE: VICE PRESIDENT ADDRESS: 4022 N. Stafford St. CITY/ST/ZIP/CO: Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Todd Reed TITLE: Player Agent ADDRESS: 1909 Westmoreland St. CITY/ST/ZIP/CO: Arlington, VA 22213	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mike Romano TITLE: Rookies ADDRESS: 3615 Vacation Lane CITY/ST/ZIP/CO: Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Craig Stronberg TITLE: Fall Ball ADDRESS: 2304 S. Ives St. CITY/ST/ZIP/CO: Arlington, VA 22202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Chris Witeck TITLE: All-Stars ADDRESS: 1711 N. Hartford St. CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ ADAM BALUTIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADAM BALUTIS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/21/2014 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.		