



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 90147		2. Exact name of the Corporation ALL AMERICAN AMATEUR ATHLETIC ASSOCIATION			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 1441 Park Avenue		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To provide competition for young athletes to participate in multi-sports programs.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald B. Bello			Vice-President Name Edward Skovron		
Street Address 188 Legion Way			Street Address 27 Blackberry Knoll		
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Secretary Name Michael Spirito			Treasurer Name Robert Reed		
Street Address 111 Wales Street			Street Address 158 Fairway Drive		
City Cranston	State RI	Zip 02920	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald B. Bello			Director Name Edward Skovron		
Street Address 188 Legion Way			Street Address 27 Blackberry Knoll		
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Director Name Michael Spirito			Director Name None		
Street Address 111 Wales Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 01/2012

FILED
JUN 21 2012

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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.

Ronald B. Bello **6-20-2012**
Signature of Officer Date

Ronald B. Bello

Print or Type Name of Officer

President

Title of Officer