



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. 29416		2. Exact name of the Corporation City Hall Athletic Club			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 75 Phenix Avenue		City Cranston, RI	Zip 02920
5. Foreign corporation. Enter principal office address _____		City _____	State _____	Zip _____	
6. Brief description of the character of business conducted in Rhode Island Non-Profit Social Organization					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jack Capuano			Vice-President Name John V. Romano		
Street Address 145 Capuano Avenue			Street Address 61 General Stanton Drive		
City Cranston	State RI	Zip 02920	City Charlestown	State RI	Zip 02813
Secretary Name John R. Capobianco			Treasurer Name Kevin J. Flynn		
Street Address 696 Atwood Avenue Apt. B			Street Address 78 Rolling Meadow Way		
City Cranston	State RI	Zip 02920	City North Kingstown	State RI	Zip 02852
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 Joseph Sczerbinski			Director Name Mario Pacheco		
Street Address 39 Hummingbird Lane			Street Address 125 Bishop Hill Road		
City Cranston	State RI	Zip 02921	City Johnston	State RI	Zip 02919
Director Name Danny Pacheco			Director Name David Sasso, Sr.		
Street Address 38 Eagle Road			Street Address 10 Owl Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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

FILED
 JUL 09 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.

Kevin J. Flynn 06-30-2012
 Signature of Officer Date
Kevin J. Flynn
 Print or Type Name of Officer
Treasurer
 Title of Officer