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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 2015

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.	2. Exact name of the Corporation		
29416	City Hall Athletic Club		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	Non-Profit Social Organization		
5. Principal office address: 75 Phenix Avenue	City: Cranston	State: RI	Zip: 02920

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jack Capuano			Vice-President Name: David Sasso, Sr.		
Street Address: 145 Capuano Avenue			Street Address: 10 Owl Court		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02921
Secretary Name: Richard DiSano			Treasurer Name: Kevin J. Flynn		
Street Address: 25 Selma Street			Street Address: 78 Rolling Meadow Way		
City: Cranston	State: RI	Zip: 02920	City: North Kingstown	State: RI	Zip: 02852

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: Mario Pacheco			Director Name: Fred D'Aguanno		
Street Address: 125 Bishop Hill Road			Street Address: 185 Garden Hills Drive		
City: Johnston	State: RI	Zip: 02919	City: Cranston	State: RI	Zip: 02920
Director Name: Danny Pacheco			Director Name: Phillip Colasante		
Street Address: 38 Eagle Road			Street Address: 39 Churchhill Drive		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02920

8. 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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____

FILED
JUL 08 2015

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BY 0937

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 07-03-2015
Signature of Officer or Authorized Representative Date

Kevin J. Flynn
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122771-7-1055179