RI SOS Filing Number: 201600637300 Date: 06/13/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
26502	EAST NATICK VETERANS ATHLETIC ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Private club

5. Principal Office Address	City	State	Zip
17 BAKER STREET	WARWICK	RI	02886

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
RICHARD DIAMONTE	ROBERT GERMANI
Street Address: 36 PONTIAC ST.	Street Address: 129 CHAPMANS AVE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886
Secretary Name	**Treasurer Name**
AL LANCELLOTTA JR.	MIKE TROMBETTI
Street Address: 12 TAMARACK TRAIL	Street Address: PO Box 8329
City: COVENTRY State: RI Zip: 02816	City: CRANSTON State: RI Zip: 02920

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Director Name
ANTHONY PETRARCA	BRIAN PETRARCA
Street Address: 9 ALEXANDER DRIVE.	Street Address: 3 BLOSOM LANE
City: WEST WARWICK State: RI Zip: 02893	City: HOPE State: RI Zip: 02831
Director Name	**Director Name**
STEVEN TEDESCHI	MIKE STANELUN
Street Address: 126 PONTIAC ST	Street Address: 333 GMSTOCK PARKWAY
City: WARWICK State: RI Zip: 02886	City: CRANSTON State: RI Zip: 02921

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
RICHARD DIAMONTE / PRESIDENT	

Signature of Officer/Authorized Representative
Richard Diamonte

FILED
JUN 13 2016
BY 12280

Form No. 631
138060-42-1127405