



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 **2016**

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. 70562		2. Exact name of the Corporation Johnston Community Center Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To establish an Association for the ongoing promotion, acquisition, creation and funding of a Community Center and/or Sports Complex.			
5. Principal office address c/o Steven M. Placella, 1304 Atwood Avenue		City Johnston	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Glenn E. Carroll			Vice-President Name Mark Gilmore		
Street Address 16 Mowry Avenue			Street Address 47 Pine Hill Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Maureen Manion			Treasurer Name Ann Carroll		
Street Address 55 Scenery Lane			Street Address 16 Mowry Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
7. 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 Valerie Valentine			Director Name Karissa Valentine		
Street Address 129 Hilltop Drive			Street Address 129 Hilltop Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Nicole Carroll			Director Name Dan Mazzulla		
Street Address 16 Mowry Avenue			Street Address 7 Luther Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED
 JUL 13 2016
 KLC MSY

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.

Signature of Officer or Authorized Representative

6/27/2016

Date

Glenn E. Carroll, President

Print or Type Name of Officer or Authorized Representative