

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 - FAIL	.URE TO FILE TH	IS REPORT BY JU	ILY 30 WILL RESULT IN A \$25.00	D 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 bu	siness conducted in Rhode Island	
RHODE ISLAND	NON	-PROFI	T Social Orga	
5. Principal office address 75 Phenix A	venue		City Cranston	State I Zip O2920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATT				
President Name Jack Capuano			Vice-President Name David Sasso, Sr.	
Street Address 145 Capuano A Venue			Street Address 10 Dwl Court	
city Crans fon	State RI	02920	City Cranston	State RI Zip 02921
Secretary Name Richard Di Sauo			Treasurer Name Kevin J. Flynn	
	lma Street	et	Street Address 78 Rolling	Meadow Way
City Cransfon	State RI	Zip 02920	North Kingstown	State RI Zip 02852
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT		ES). RHODE ISLAND	CORPORATIONS <u>MUST</u> LIST NO	LESS THAN THREE (3) DIRECTORS
Director Name Mario	Pacheco		Director Name Phillip	Colasante
Street Address 125 E	Bishop Hil	1 Road	Street Address 39 Chur	chhill Drive
City Johnston	State RI	Zip D2919	city Cranston	State Zip 02920
Director Name Dawy	Pacheco	2		attista, Jr.
Street Address 38 Eagle Road			Street Address 5 Derbyshine Drive	
City Cranston	State RT	Zip D2921	city Cranston	State RI Zip 02921
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 eith or Trustee	er the President, Vic	e-President, Secretar	y, Assistant Secretary, Treasurer, duly	Authorized Representative, Receiver
				are and affirm that I have examined
File Date		EH Er	this report, including any accor and that all statements contain	mpanying schedules and statements, ed herein are true and correct.
Check No		FILEC	1) le le et 1 d \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mm 07-10-2016
Ву:		JUL 22 20	Signature of Officer or Authorized	7 /
FOR SECRETARY OF STATE	USE ONLY	0981	Kevin J. F	-lynn
Form No. 631 Revised: 04/2014	- 1-		Print or Type Name of Officer or A	authorized Representative