



**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. <b>90147</b>		2. Exact name of the Corporation <b>ALL AMERICAN AMATEUR ATHLETIC ASSOCIATION</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To provide competition for young athletes to participate in multi-sports programs.</b>			
5. Principal office address <b>1441 Park Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
President Name <b>Ronald B. Bello</b>		Vice-President Name <b>Edward Skovron</b>			
Street Address <b>188 Legion Way</b>		Street Address <b>27 Blackberry Knoll</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Michael Spirito</b>		Treasurer Name <b>Robert Reed</b>			
Street Address <b>111 Wales Street</b>		Street Address <b>158 Fairway Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>Ronald B. Bello</b>		Director Name <b>Edward Skovron</b>			
Street Address <b>188 Legion Way</b>		Street Address <b>27 Blackberry Knoll</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>Michael Spirito</b>		Director Name <b>None</b>			
Street Address <b>111 Wales Street</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip

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



**FILED**

AUG - 4 2016

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BY

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.

*Ronald B. Bello*

7-2-16

Signature of Officer or Authorized Representative

Date

**Ronald B. Bello, President**

Print or Type Name of Officer or Authorized Representative