



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

Annual Report for the year:

2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>26502</b>		2. Exact name of the Corporation <b>EAST NATICK VETERANS ATHLETIC ASSOCIATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Social Advocacy Organization</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>17 BAKER ST.</b>		City <b>WARWICK</b>	State <b>RI</b> Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Ricky Diamonte</b>		Vice-President Name <b>ROBERT GERMANI, JR.</b>	
Street Address <b>36 Pontiac ST</b>		Street Address <b>129 CHAPMANS AVE</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Alfred C LANCCELLOTTI JR</b>		Treasurer Name <b>Michael Trombetti</b>	
Street Address <b>12 AMARAC TRAIL</b>		Street Address <b>P.O. Box 8329</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Tony Petrarca</b>		Director Name <b>Steve Tedeschi</b>	
Street Address <b>80 Glendale Dr</b>		Street Address <b>129 Pontiac ST.</b>	
City <b>W. WARWICK</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b> Zip <b>02886</b>
Director Name <b>Brian Petrarca</b>		Director Name <b>Ron Boyle</b>	
Street Address <b>3 Blossom LN</b>		Street Address <b>20 W. WARWICK AVE APT 3</b>	
City <b>HOPE</b>	State <b>RI</b>	City <b>W. WARWICK</b>	State <b>RI</b> Zip <b>02886</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>ROBERT GERMANI, JR. Vice President</b>		Date <b>26 Jun 17</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i> Vice Pres.			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

**JUN 28 2017**

BY 12427 DS

FORM 631 - Revised: 05/2017