



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 26502		2. Exact name of the Corporation EAST NATICK VETERANS ATHLETIC ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Advocacy Organization			
4. NAICS Code 813319					
6. Principal Office Address 17 BAKER ST.			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ricky Diamonte			Vice-President Name ROBERT GERMANI, JR.		
Street Address 36 Pontiac ST			Street Address 129 CHAPMANS AVE		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Alfred C LANCCELLOTT JR			Treasurer Name Michael Trombetti		
Street Address 12 TAMARAC TRAIL			Street Address P.O. Box 8329		
City COVENTRY	State RI	Zip 02816	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tony Petrarca			Director Name Steve Tedeschi		
Street Address 80 Glendale Dr			Street Address 129 Pontiac ST.		
City W. WARWICK	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Director Name Brian Petrarca			Director Name Ron Boyle		
Street Address 3 Blossom LN			Street Address 20 W. WARWICK AVE APT 3		
City HOPE	State RI	Zip 02831	City W. WARWICK	State RI	Zip 02893
9. 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 ROBERT GERMANI, JR. Vice President					Date 26 Jun 17
Signature of Officer/Authorized Representative vice Pres.					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 28 2017

BY 12427 DS

FORM 631 - Revised: 05/2017