



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

FILED

AUG 07 2017

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 AUG - 7 PM 1:09

Annual Report for the year: 2016
 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.

BY OC 109pm
13038918

1. Entity ID Number <u>000027207</u>		2. Exact name of the Corporation <u>Johnston Panthers Football League</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Youth football + cheerleading organization</u>	
4. NAICS Code <u>624110</u>			
6. Principal Office Address <u>2227 Mineral Spring Ave</u>		City <u>N Prov</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Gary Salzillo</u>		Vice-President Name <u>Phil Morin</u>	
Street Address <u>42 Peck Hill Road</u>		Street Address <u>28 Ashley Court</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>Matt Clements</u>		Treasurer Name <u>Toni-Ann Salzillo</u>	
Street Address <u>80 Enfield St</u>		Street Address <u>42 Peck Hill Road</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
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 <u>Gary Salzillo</u>		Director Name <u>Phil Morin</u>	
Street Address <u>42 Peck Hill Road</u>		Street Address <u>28 Ashley Court</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Director Name <u>Matt Clements</u>		Director Name	
Street Address <u>80 Enfield St</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Gary Salzillo Pres</u>			Date <u>7/18/17</u>
Signature of Officer/Authorized Representative 			

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