State of Rhode Island and	Providence Plantations				
Department of Sta	te - Business Services D	ivision			
норе		FILED	<b>~</b> ≥	•	
Annual Report for the year:	2016	411C A 7 0017		<u> </u>	
Non-Profit Corporation		AUG 0 7 2017	2017 AUG	E	
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00		an 10°	Jam j	S S S S	
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.		BY OUC 10	2000	Som	
4 Frair ID November	[0 =	140	5 8 11 X = ==		
1. Entity ID Number 000027207	2. Exact name of the Corporation  Johnston Pai	others Footba	11 LUB	ρŪ	
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Wouth footb	fouth football t Cheerleading			
4. NAICS Code	organization				
624110	Organiza	アレカト			
6. Principal Office Address		City	State	Zip	
2227 Minera	1 Spring Ave	N Prov	RT	02911	
7. List ALL officers (names and add	110.		o bay ta indicate a		
Desident 1	1 1:	Check the box to indicate an attachment  Vice-President Name			
GAYY SAIZIIIO		Phil Morin			
Street Address 42 Peck	Hill Rond	Street Address 28 ASh	ley Cou	rt	
City Johnston	State RI Zip 2/9	city John Ston	State RI	zip 02919	
Secretary Name Matt Clements		Treasurer Name Joni - Ann Salzillo			
Street Address 80 Enfield St		Street Address 42 Peck Hill Road			
city Johnston	State RI Zip 62919	City Johnston	State	Zip02919	
8. List ALL directors (names and add	dresses). RI Corporations MUST lis		ck the boy to indicat		
Director Name Director Name Director Name					
GARY SAIZINO Phil Morin					
Street Address 42 Peck	Hill Road	Street Address 28 AShla	y Court		
city Johnston	State RZ Zip 02919	CHY Johnston	State LI	Zip 02919	
Director Name Mult Clements		Director Name			
Street Address 80 Enfield St		Street Address			
city Johnston	State RI Zin 2919	City	State	Zip	
9. Registered Agent in Rhode Island	. This information is currently of record	in the Department of State. Changes req	uire filing Form 641.	<u> </u>	
Under penalty of perjury, I declare statements, and that all statement	and affirm that I have examined is contained herein are true and o	this report, including any accomp	anying schedule	s and	
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 Represe		Date			
GRYY SR/2;//O PY(S) Signature of Offiger/Authorized Representative			1/ 18	117	
organice oxymicer/Authorized Repre	sentative		į.	1	

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

Website: www.sos.ri.gov