



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 25 PM 1:17

Annual Report for the year: 2014
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 000027227		2. Exact name of the Corporation Johnston National Little League			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Johnston Little League			
4. NAICS Code 711211					
6. Principal Office Address 22 Atwells Avenue 90 Edward Brokosian		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward Brokosian			Vice-President Name John Simao		
Street Address 22 Atwells Avenue			Street Address 3 South Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Shaula Farginoli			Treasurer Name Peter Susi		
Street Address 48 Thuriburt Avenue			Street Address 276 Borden Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 See above			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Robert D. Giudici					Date 6/14/2017
Signature of Officer/Authorized Representative Robert D. Giudici					FILED ←

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