



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

Annual Report for the year: 2011  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$75.00 fee if form is not filed by July 30

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2011 OCT 25 PM 1:17

1. Entity ID Number <b>000027227</b>		2. Exact name of the Corporation <b>Johnston National Little League</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Johnston Little League</b>	
4. NAICS Code <b>711211</b>			
6. Principal Office Address <b>22 Atwells Avenue 40 Edward Bedrosian</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses)			
President Name <b>Edward Bedrosian</b>		Vice President Name <b>John Siraco</b>	
Street Address <b>22 Atwells Avenue</b>		Street Address <b>3 South Street</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>Frank Colletta</b>		Treasurer Name <b>Peter Susi</b>	
Street Address <b>15 Rollingwood Drive</b>		Street Address <b>276 Borden Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Secatore</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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>			
<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 <b>Robert D. Giordano</b>			Date <b>6/14/2017</b>
Signature of Officer/Authorized Representative <i>Robert D. Giordano</i>			<b>FILED</b>
			<b>OCT 25 2017</b>