



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 25 PM 1:18

Annual Report for the year:
 Non-Profit Corporation

1994

- 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 40 Edward Pedrosian		City Johnston	State RI	Zip 02919	
7. List ALL Officers (names and addresses)		7. List ALL Officers (names and addresses)			
President Name Edward Pedrosian		Vice-President Name John Sirrao			
Street Address 22 Atwells Avenue		Street Address 3 South Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Frank Colletta		Treasurer Name Peter Susi			
Street Address 15 Rollingwood Drive		Street Address 376 Garden 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Robert D. Giudici		FILED		Date 6/14/2017	
Signature of Officer/Authorized Representative Robert D. Giudici		OCT 25 2017		1:19	
		BY		DN 315768	