



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

Annual Report for the year: 2018
 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 26502		2. Exact name of the Corporation EAST NATICK Veterans Athletic Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Advocacy Organization.			
4. NAICS Code 813319					
6. Principal Office Address 17 Baker ST.			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ricky Diamonte			Vice-President Name ROBERT GERMANI JR.		
Street Address 36 Pontiac ST.			Street Address 129 CHAPMAN'S AVE		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Alfred LANCIELLOTTA JR.			Treasurer Name Michael Trombetti		
Street Address 12 TAMARAC Trail			Street Address P.O. Box 8329		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
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 Anthony Petrarca			Director Name Steve Tedeschi		
Street Address 80 Glendale Dr			Street Address 129 PONTIAC ST.		
City W. Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Director Name Ronald Boyle			Director Name Luise Antonelli		
Street Address 20 W. Warwick Ave Apt. 3			Street Address 845 Wakefield ST. Apt 310		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
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 GERMANI, JR., Vice President					Date 15 May 18
Signature of Officer/Authorized Representative ROBERT GERMANI, JR.					

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

FILED

MAY 23 2018
 BY 12563 DS FORM 631 - Revised: 11/2017