



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 Chapmans Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Alfred Lancellotta Jr.		Treasurer Name Michael Trombetti	
Street Address 12 TAMARAC Trail		Street Address P.O. Box 8329	
City Coventry	State RI	City Cranston	State RI
Zip 02816		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	City Warwick	State RI
Zip 02893		Zip 02886	
Director Name Ronald Boyle		Director Name Louis Antonelli	
Street Address 20 W. Warwick Ave Apt. 3		Street Address 845 Wakefield ST. Apt 310	
City W. Warwick	State RI	City W. Warwick	State RI
Zip 02893		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.			
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 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

FORM 631 - Revised: 11/2017

BY

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