

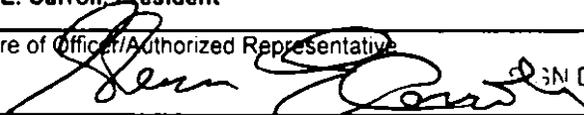


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
 JUN 11 2018
 BY 2499

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 70562		2. Exact name of the Corporation JOHNSTON COMMUNITY CENTER ASSOCIATION					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish an Association for the ongoing promotion, acquisition, creation & funding of a Community Center and/or Sport Complex					
4. NAICS Code 813319 - Other Social Advocac:							
6. Principal Office Address 1304 Atwood Avenue				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 Glenn E. Carroll				Vice-President Name Mark Gilmore			
Street Address 16 Mowry Street				Street Address 47 Pine Hill Avenue			
City Johnston	State RI	Zip 02919		City Johnston	State RI	Zip 02919	
Secretary Name Maureen Manion				Treasurer Name Ann Carroll			
Street Address 55 Scenery Lane				Street Address 16 Mowry Street			
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 Valerie Valentine				Director Name Nicole Carroll			
Street Address 129 Hilltop Drive				Street Address 16 Mowry Avenue			
City Johnston	State RI	Zip 02919		City Johnston	State RI	Zip 02919	
Director Name Glenn E. Carroll				Director Name			
Street Address 16 Mowry Street				Street Address			
City Johnston	State RI	Zip 02919		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 Glenn E. Carroll, President						Date June 8, 2018	
Signature of Officer/Authorized Representative 						ON DOCUMENT HERE	

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