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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 11 2018 v

Annual Report for the year: Non-Profit Corporation

2018

- → Filing period: June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 70562		2. Exact name of the Corporation JOHNSTON COMMUNITY CENTER ASSOCIATION					
State of Incorporation		Brief description of the character of business conducted in Rhode Island					
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 Advoca	<u> </u>						
Principal Office Address			City	State	Zip		
1304 Atwood Avenue			Johnston	RI	02919		
7. List ALL officers (names and a				Check the box to indi	cate an attachment		
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	Z _i p 02919		
8. List ALL directors (names and	addresses). RI C	orporations MUST	list at least THREE directors.				
Director Name Valerie Valentine			Check the box to indicate an attachment 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		I	Director Name				
Street Address 16 Mowry Street			Street Address				
City Johnston	State RI	Zip 02919	City	State	Zip		
9. Registered Agent in Rhode Isl	and. This information	on is currently of reco	ord in the Department of State. Ch	l nanges require filing Form 6			
Under penalty of perjury, I dec statements, and that all statem				y accompanying sched	ules and		
This report must be signed by either the P	resident, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized	Representative, Receiver or Tru	stee.		
Name of Officer/Authorized Representative			Date	Date			
Glenn E. Carroll President				June 8, 2018			
Signature of Officer/Authorized R	epresentative	DOO NE DOO	CUMENT HERE	<u> </u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov