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

FILED
JUN 11 2018
BY 4432

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	2. Exact name of the Corporation
55360	**Johnston Youth Sports Association**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **The ongoing promotion and funding of sports programs and events.**
4. NAICS Code: **813319 - Other Social Advocac**	

6. Principal Office Address	City	State	Zip
1304 Atwood Avenue	**Johnston**	**RI**	**02919**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Daniel E. Mazzulla**			Vice-President Name: **Vincent Jackvony, Jr.**		
Street Address: **7 Luther Street**			Street Address: **30 Harrington Avenue**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Scituate**	State: **RI**	Zip: **02931**
Secretary Name: **Edward Bedrosian**			Treasurer Name: **Anthony F. Corsinetti,II**		
Street Address: **22 Atwells Avenue**			Street Address: **5 Winika 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 ☐

Director Name: **Daniel E. Mazzulla**			Director Name: **Edward Bedrosian**		
Street Address: **7 Luther Street**			Street Address: **22 Atwells Avenue**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Johnston**	State: **RI**	Zip: **02919**
Director Name: **Anthony F. Corsinetti, II**			Director Name: **Vincent Jackvony, Jr.**		
Street Address: **5 Winika Street**			Street Address: **30 Harrington Avenue**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Scituate**	State: **RI**	Zip: **02931**

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	Date
Daniel E. Mazzulla, President	**June 8, 2018**

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

Daniel E. Mazzulla

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

FORM 631 - Revised: 11/2017