



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.

**FILED**  
 JUN 11 2018 *JD*  
 BY 4433

|  |                 |  |  |                             |                  |
|--|-----------------|--|--|-----------------------------|------------------|
| 1. Entity ID Number<br><b>55360</b>  |                 | 2. Exact name of the Corporation<br><b>Johnston Youth Sports Association</b>   |  |                             |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>The ongoing promotion and funding of sports programs and events.</b> |  |                             |                  |
| 4. NAICS Code<br><b>813319 - Other Social Advocac:</b>   |                 |  |  |                             |                  |
| 6. Principal Office Address<br><b>1304 Atwood Avenue</b>   |                 | City<br><b>Johnston</b>  | State<br><b>RI</b>                               | Zip<br><b>02919</b>         |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |  |                             |                  |
| President Name <b>Daniel E. Mazzulla</b>   |                 |  | Vice-President Name <b>Vincent Jackvony, Jr.</b> |                             |                  |
| Street Address <b>7 Luther Street</b>  |                 |  | Street Address <b>30 Harrington Avenue</b>       |                             |                  |
| City <b>Johnston</b>   | State <b>RI</b> | Zip <b>02919</b>   | City <b>Scituate</b>                             | State <b>RI</b>             | Zip <b>02931</b> |
| Secretary Name <b>Edward Bedrosian</b>   |                 |  | Treasurer Name <b>Anthony F. Corsinetti, II</b>  |                             |                  |
| Street Address <b>22 Atwells Avenue</b>  |                 |  | Street Address <b>5 Winika Street</b>            |                             |                  |
| City <b>Johnston</b>   | State <b>RI</b> | Zip <b>02919</b>   | City <b>Johnston</b>                             | State <b>RI</b>             | Zip <b>02919</b> |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |  |                             |                  |
| Director Name <b>Daniel E. Mazzulla</b>  |                 |  | Director Name <b>Edward Bedrosian</b>            |                             |                  |
| Street Address <b>7 Luther Street</b>  |                 |  | Street Address <b>22 Atwells Avenue</b>          |                             |                  |
| City <b>Johnston</b>   | State <b>RI</b> | Zip <b>02919</b>   | City <b>Johnston</b>                             | State <b>RI</b>             | Zip <b>02919</b> |
| Director Name <b>Anthony F. Corsinetti, II</b>   |                 |  | Director Name <b>Vincent Jackvony, Jr.</b>       |                             |                  |
| Street Address <b>5 Winika Street</b>  |                 |  | Street Address <b>30 Harrington Avenue</b>       |                             |                  |
| City <b>Johnston</b>   | State <b>RI</b> | Zip <b>02919</b>   | City <b>Scituate</b>                             | State <b>RI</b>             | Zip <b>02931</b> |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |  |  |                             |                  |
| <b>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.</b>        |                 |  |  |                             |                  |
| <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<br><b>Daniel E. Mazzulla, President</b>  |                 |  |  | Date<br><b>June 8, 2018</b> |                  |
| Signature of Officer/Authorized Representative<br><i>Daniel E. Mazzulla</i><br>SIGN 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