RI SOS Filing Number: 201869395490 Date: 6/12/2018 4:00:00 PM



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 1 1 2018	
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1. Entity ID Number	2. Exact name of the Corporation					
000055867	Johnston Adult Sports Association					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	The ongoing promotion and funding of sports programs and events.					
4. NAICS Code	1					
813319 - Other Social Advocac						
6. Principal Office Address			City	State	Zip	
1304 Atwood Avenue			Johnston	RI	02919	
7. List ALL officers (names and add	<u>. </u>			Check the box to indic	ate 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} 02919	
Secretary Name Anthony F. Corsinetti			Treasurer Name Edward Bedrosian			
Street Address 5 Winika Street			Street Address 22 Atwells Avenue			
City Johnston	State RI	^{Zip} 02919	City Johnston	State RI	Z _{IP} 02919	
8. List ALL directors (names and ad	dresses). RI Con	porations MUST	list at least THREE directors.	Check the box to indic	ate 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	Z ₁ p 02919	City Scituate	State RI	Zip 02931	
9. Registered Agent in Rhode Islan	d This information	is currently of reco	d in the Department of State. Ch.	anges require filing Form 64	1.	
Under penalty of perjury, i declar statements, and that all statemen				accompanying schedu	iles and	
This report must be signed by either the Pres	sident. Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authonzed R	Representative, Receiver or Trus	tee.	
Name of Officer/Authorized Repres	Date					
Daniel E. Mazzulla, President	June 8, 2018					
Signature of Officer/Authorized Rep	resentative	SIGN DOS	50/ / 1FRF / /	•		
<u> </u>		MARK	LMGMM/	<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