



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

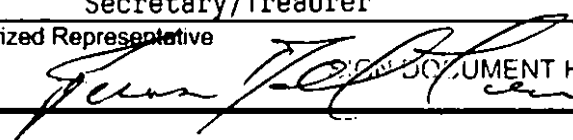
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 20 2018

BY

1. Entity ID Number 64228		2. Exact name of the Corporation WARWICK UMPIRES ASSOCIATION, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Maintaining, operating and conducting an association of persons to provide umpiring, officiating and supervisory services for various City and Town recreational and amateur softball and baseball leagues.	
4. NAICS Code 713990			
6. Principal Office Address 42 Chestnut Avenue		City Cranston	State RI Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name CRAIG ANDREOZZI		Vice-President Name PETER TETREAU	
Street Address 31 Keeley Avenue		Street Address 2 Lemoine Court	
City Warwick	State RI	City West Warwick	State RI
Zip 02886		Zip 02893	
Secretary Name JASON DELTORO		Treasurer Name JASON DELTORO	
Street Address 42 Chestnut Avenue		Street Address 42 Chestnut Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name CRAIG ANDREOZZI		Director Name PETER TETREAU	
Street Address 31 Keeley Avenue		Street Address 2 Lemoine Court	
City Warwick	State RI	City West Warwick	State RI
Zip 02886		Zip 02893	
Director Name JASON DELTORO		Director Name SCOTT CARLSON	
Street Address 42 Chestnut Avenue		Street Address 20 Blackinton Drive	
City Cranston	State RI	City Attleboro	State MA
Zip 02910		Zip 02703	
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 JASON DELTORO Secretary/Treasurer			Date June 18, 2018
Signature of Officer/Authorized Representative 			

IDENTITY NUMBER - 64228

ATTACHMENT

DIRECTORS

EDWARD GENERALI - 75 Harmon Avenue, Cranston, RI 02910

WILLIAM ANDERSON - 190 Cedar Avenue, East Greenwich, RI 02818

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JUN 20 2018

BY

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