



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

Annual Report for the year: 2019
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 14 2019
 STAMP
 RY 10-605

1. Entity ID Number 90147		2. Exact name of the Corporation All American Amateur Athletic Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide competition for young athletes to participate in multi-sports programs.			
4. NAICS Code 813211 - Grantmaking Foun					
6. Principal Office Address 1441 Park Avenue		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald B. Bello			Vice-President Name Edward Skovron		
Street Address 188 Legion Way			Street Address 27 Blackberry Knoll		
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Secretary Name Michael Spirito			Treasurer Name Robert Reed		
Street Address 111 Wales Street			Street Address 158 Fairway Drive		
City Cranston	State RI	Zip 02920	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald B. Bello			Director Name Edward Skovron		
Street Address 188 Legion Way			Street Address 27 Blackberry Knoll		
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Director Name Michael Spirito			Director Name None		
Street Address 111 Wales Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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.					
<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 Ronald B. Bello				Date 6/12/19	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
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