



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

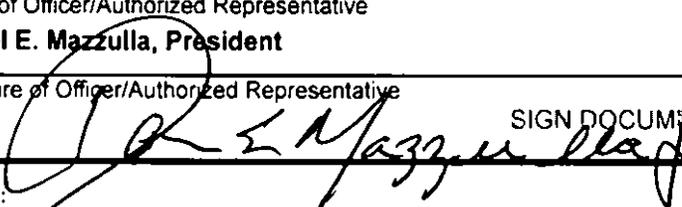
Annual Report for the year: **2019**
 Non-Profit Corporation

- 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 20 2019

RY 5009

1. Entity ID Number 55360		2. Exact name of the Corporation 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 Advoc					
6. Principal Office Address 1304 Atwood Avenue		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 Daniel E. Mazzulla, President				Date June 14, 2019	
Signature of Officer/Authorized Representative 				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