



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

FILED

JUN 22 2020

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Annual Report for the year: 2020
 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.

| | | | | | |
|---|-----------------|--|---|------------------------|------------------|
| 1. Entity ID Number 29416 | | 2. Exact name of the Corporation City Hall Athletic Club | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island NON-PROFIT SOCIAL ORGANIZATION | | | |
| 4. NAICS Code 813410 | | | | | |
| 6. Principal Office Address 75 Phenix 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 Jack Capuano | | | Vice-President Name David Sasso, Jr. | | |
| Street Address 145 Capuano Avenue | | | Street Address 10 Owl Court | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02921 |
| Secretary Name Richard DiSano | | | Treasurer Name Kevin J. Flynn | | |
| Street Address 25 Selma Street | | | Street Address 78 Rolling Meadow Way | | |
| City Cranston | State RI | Zip 02920 | City North Kingstown | State RI | Zip 02852 |
| 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 Phillip Colsante | | | Director Name John Battista, Jr. | | |
| Street Address 7 Green Court | | | Street Address 75 Derbyshire Drive | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02921 |
| Director Name Edward J. Gomes | | | Director Name | | |
| Street Address 3457 Post Road | | | Street Address | | |
| City Warwick | State RI | Zip 02886 | 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 Kevin J. Flynn Treasurer | | | | Date 06-08-2020 | |
| Signature of Officer/Authorized Representative Kevin J. Flynn | | | | | |