



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					

MAIL TO:
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 Website: www.sos.n.gov