



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

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30

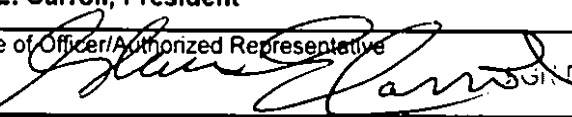
→ Filing Fee: \$20.00

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

FILED

JUN 24 2020

BY 2559 OS

1. Entity ID Number 70562		2. Exact name of the Corporation Johnston Community Center Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish an Association for the ongoing promotion, acquisition, creation & funding of a Community Center and/or Sport Complex	
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 Glenn E. Carroll		Vice-President Name Mark Gilmore	
Street Address 16 Mowry Avenue		Street Address 47 Pine Hill Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Maureen Manion		Treasurer Name Ann Carroll	
Street Address 55 Scenery Lane		Street Address 16 Mowry Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		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 Valerie Valentine		Director Name Nicole Carroll	
Street Address 129 Hilltop Drive		Street Address 16 Mowry Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Glenn E. Carroll		Director Name	
Street Address 16 Mowry Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919		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 Glenn E. Carroll, President			Date June 15, 2020
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE			