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State of Rhode Island
Department of State - Business Services Division

FILED
JAN 07 2021
BY 242609

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	2. Exact name of the Corporation
001694626	SNP American Legion Post 29 Baseball, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Operation of American Legion baseball team
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
40 Power road	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Louis Zammarelli			Vice-President Name: Jim Connell		
Street Address: 40 Power Road			Street Address: 29 Karen Ann Drive,		
City: Pawtucket	State: RI	Zip: 02860	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Paul RIoles			Treasurer Name: Louis Zammarelli		
Street Address: 5 Jared Court			Street Address: 40 Power Road		
City: North Providence	State: RI	Zip: 02911	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Louis Zammarellil			Director Name: James Connell		
Street Address: 40 Power Road			Street Address: 29 Karen Ann Drive		
City: Papwtucket	State: RI	Zip: 02860	City: Smithfield	State: RI	Zip: 02917
Director Name: Paul Rioles			Director Name		
Street Address: 5 Jared Court			Street Address		
City: North Providence	State: RI	Zip: 02911	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Louis Zammarelli	12/31/2020

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020