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 R.I. DEPT. OF STATE
 BUS. SVCS. DIVISION
 2021 FEB 12 9 21 AM

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 <u>000027207</u>	2. Exact name of the Corporation <u>Johnston Panthers Football League</u>
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>Non-Profit youth sports organization for the Town of Johnston for Children ages 6-15.</u>
4. NAICS Code <u>624110</u>	

6. Principal Office Address <u>26 Morgan Mill Rd.</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Sean Senno</u>			Vice-President Name <u>John Costa</u>		
Street Address <u>11 Carriage Way</u>			Street Address <u>7 Belknap Farm Dr.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Secretary Name <u>Sherri Lyons</u>			Treasurer Name <u>Dawn Barry</u>		
Street Address <u>264 George Waterman Rd., Apt. 9</u>			Street Address <u>3 Seville St.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>

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

Director Name <u>Sean Senno</u>			Director Name <u>John Costa</u>		
Street Address <u>11 Carriage Way</u>			Street Address <u>7 Belknap Farm Dr.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>Sherri Lyons</u>			Director Name		
Street Address <u>264 George Waterman Rd., Apt. 9</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	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 <u>Sean Senno</u>	Date <u>2/12/2021</u>
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Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 631 - Revised: 08/2020
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