



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001702618

**2. Name of Corporation** Friends of Salve Softball, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813410

**4. Principal Office Address**

No. and Street: 12 GRANNIS RD

City or Town: ORANGE

State: CT

Zip: 06477

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 12 GRANNIS ROAD

City or Town: ORANGE

State: CT

Zip: 06477

Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO SUPPORT THE SOFTBALL PROGRAM, ITS PLAYERS, ITS COACHES AND ITS ALUMNI AT SALVE REGINA UNIVERSITY. THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND FOSTERING NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION PURPOSES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY FUTURE TAX CODE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL C GUSMANO	12 GRANNIS RD ORANGE, CT 06477 USA
VICE PRESIDENT	ALESSANDRA K GUSMANO	12 GRANNIS ROAD ORANGE, CT 06477 USA
DIRECTOR	ALESSANDRA K GUSMANO	12 GRANNIS ROAD ORANGE, CT 06477 USA
DIRECTOR	PAUL C GUSMANO	12 GRANNIS RD ORANGE, CT 06477 USA
DIRECTOR	MICHEL A GUSMANO	12 GRANNIS ROAD ORANGE, CT 06477 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REGISTERED AGENTS INC 47 WOOD AVE STE 2 BARRINGTON , RI 02806

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

**Signed this 16 Day of February, 2021 at 10:18:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAUL C GUSMANO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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