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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

2021 MAY 21 AM 10:52

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30

1. Entry ID Number <u>000030736</u>		2. Exact name of the Corporation <u>Young Parents Social Club</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Promoting Good Brotherhood and Sports membership In upholding our Democratic way of Life</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>107 Pocasset Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jason Petrone</u>			Vice-President Name <u>Robert Distafano</u>		
Street Address <u>990 Atwood Ave</u>			Street Address <u>530 Oaklawn Ave</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02902</u>
Secretary Name <u>David Fuller</u>			Treasurer Name <u>Verrell Cavilland</u>		
Street Address <u>161 Webster Ave</u>			Street Address <u>65 Winsor Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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 <input type="checkbox"/>					
Director Name <u>Chris Bissanti</u>			Director Name <u>Edward Generali</u>		
Street Address <u>148 Westminster St Unit 5</u>			Street Address <u>75 Harman Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
Director Name <u>Peter Gove Conte</u>			Director Name		
Street Address <u>14 Carriage Way</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</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>David Fuller</u>					Date <u>5/20/21</u>
Signature of Officer/Authorized Representative 					

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MAR. TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3046
Website: www.sos.ri.gov

MAY 21 2021
BY [Signature]