



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 08 2021

BY AS 12754

Annual Report for the year: 2021
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 000026502		2. Exact name of the Corporation East Natick Veterans Athletic Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Social Advocacy Organization			
4. NAICS Code 813319 - Other Social Advoca <input type="checkbox"/>					
6. Principal Office Address 17 Baker Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Diamonte			Vice-President Name Robert Germani Jr		
Street Address 36 Pontiac Street			Street Address 129 Chapmans Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Alfred L. Lancellotta			Treasurer Name Michael P Trombetti		
Street Address 12 Tamarac Trail			Street Address P.O.Box 8329		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
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 Anthony A Patratca			Director Name Louis S Antonelli		
Street Address 80 Glendale Drive			Street Address 845 Wakefield Street Apt#310		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Frederick R Boyle			Director Name Antonio Feroce		
Street Address 20 West Warwick Ave Apt#3			Street Address 12 Sandstone Circle		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02921
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Robert Germani Jr, Vice President				Date 11 June 202100	
Signature of Officer/Authorized Representative 					

MAIL TO:
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