



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2021
 Non-Profit Corporation

FILED

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

JUL 21 2021

BY 1105

1. Entity ID Number <u>29416</u>		2. Exact name of the Corporation <u>City Hall Athletic Club</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813410</u>		<u>NON-PROFIT SOCIAL ORGANIZATION</u>			
6. Principal Office Address <u>75 Phenix Avenue</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jack Capuano</u>			Vice-President Name <u>David Sasso, Jr.</u>		
Street Address <u>145 Capuano Avenue</u>			Street Address <u>10 Owl Court</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>Richard DiSano</u>			Treasurer Name <u>Kevin J. Flynn</u>		
Street Address <u>25 Selma Street</u>			Street Address <u>78 Rolling Meadow Way</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</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>Phillip Colsante</u>			Director Name <u>John Battista, Jr.</u>		
Street Address <u>7 Green Court</u>			Street Address <u>75 Derbyshire Drive</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Director Name <u>Edward J. Gomes</u>			Director Name		
Street Address <u>3457 Post Road</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</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.					
<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 <u>Kevin J. Flynn Treasurer</u>				Date <u>07-09-2021</u>	
Signature of Officer/Authorized Representative <u>Kevin J. Flynn</u>					

MAIL TO:
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 Website: www.sos.ri.gov