



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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BUS SVCS DIV

2021 AUG 24 P 12:44

1. Entity ID Number 000793045		2. Exact name of the Corporation New England Impact Fastpitch	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROVIDING COMPETITIVE YOUTH GIRLS FASTPITCH PLAY	
4. NAICS Code 711211			
6. Principal Office Address 41 Archer Street		City Pawtucket	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JAMES TROIANO		Vice-President Name AMANDA TROIANO	
Street Address 154 BURNSIDE AVE		Street Address 154 BURNSIDE AVE	
City SEEKONK	State MA	Zip 02771	City SEEKONK
			State MA
			Zip 02771
Secretary Name MARISA CURRAN		Treasurer Name JAMES TROIANO	
Street Address 41 ARCHER STREET		Street Address 154 BURNSIDE AVE	
City PAWTUCKET	State RI	Zip 02861	City SEEKONK
			State MA
			Zip 02771
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 JAMES TROIANO		Director Name MARISA CURRAN	
Street Address 154 BURNSIDE AVE		Street Address 41 ARCHER STREET	
City SEEKONK	State MA	Zip 02771	City PAWTUCKET
			State RI
			Zip 02861
Director Name AMANDA TROIANO		Director Name	
Street Address 154 BURNSIDE AVE		Street Address	
City SEEKONK	State MA	Zip 02771	City
			State
			Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 JAMES TROIANO			Date 08/24/2021
Signature of Officer/Authorized Representative 			

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov