



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

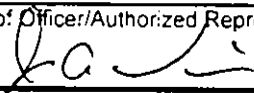
→ Filing period: June 1 - June 30

→ 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 				FILED AUG 24 2021 BY f 8 BXMS. 12:44	
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

FORM 631 - Revised: 05/2017