



State of Rhode Island

## Department of State - Business Services Division

FILED

APR 25 2022

BY

Annual Report for the year:

2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 64228		2. Exact name of the Corporation WARWICK UMPIRES ASSOCIATION, INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Maintaining, operating and conducting an association of persons to provide umpiring, officiating and supervisory services for various City and Town recreational and amateur softball and baseball leagues			
4. NAICS Code 713990					
6. Principal Office Address 25 Waverly Street			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDWARD GENERALI			Vice-President Name JOHN CARDULLO		
Street Address 75 Harmon Avenue			Street Address 36 Service Road		
City Cranston	State RI	Zip 02910	City West Warwick	State RI	Zip 02893
Secretary Name JASON DELTORO			Treasurer Name JASON DELTORO		
Street Address 25 Waverly Street			Street Address 25 Waverly Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name EDWARD GENERALI			Director Name JOHN CARDULLO		
Street Address 75 Harmon Avenue			Street Address 36 Service Road		
City Cranston	State RI	Zip 02910	City West Warwick	State RI	Zip 02893
Director Name JASON DELTORO			Director Name SCOTT CARLSON		
Street Address 25 Waverly Street			Street Address 20 Blackinton Drive		
City West Warwick	State RI	Zip 02893	City Attleboro	State MA	Zip 02703
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 JASON DELTORO Secretary/Treasurer				Date 4-20-22	
Signature of Officer/Authorized Representative 					

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

FORM 631 - Revised: 11/2021

IDENTITY NUMBER - 64228

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APR 25 2022

BY

ATTACHMENT

DIRECTORS

RUSSELL O'REILLY - P.O. Box 8572, Warwick, RI 02889

JAMES HAYWORTH - 121 Beacon Avenue, Warwick, RI 02889