



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 OCT 14 A 11:21

1. Entity ID Number 000162366		2. Exact name of the Corporation B2B CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SOFTBALL TEAM SPONSOR HELP BOYS & GIRLS CLUB WITH DONATIONS MEETING WITH MEMBERS			
4. NAICS Code 813410					
6. Principal Office Address 1037 CHARLES ST			City NORTH PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN EUNA			Vice-President Name ROBERT GRENGA		
Street Address 1 MARK DRIVE			Street Address 31 WDELL ST		
City N. PROV	State RI	Zip 02904	City PROV.	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 JOSEPH IANTOSCO			Director Name RUSSELL PASCETTA		
Street Address 13 SUPERIOR VIEW BLVD			Street Address 91 BROWN AVE		
City N. PROV	State RI	Zip 02911	City N. PROV	State RI	Zip 02911
Director Name VINCENT PONCIA			Director Name		
Street Address 820 CHARLES ST			Street Address		
City PROVIDENCE	State RI	Zip 02904	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.					
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 RUSSELL PASCETTA				Date 9-30-22	
Signature of Officer/Authorized Representative <i>Russell Pascetta</i>					

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

OCT 14 2022
BY *[Signature]* F8516
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