



State of Rhode Island

Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

OCT 14 2022  
BY [Signature] F8516  
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MAIL TO:  
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