



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
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.

FEB 03 2023

1184

1. Entity ID Number <b>29416</b>		2. Exact name of the Corporation <b>City Hall Athletic Club</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>NON-PROFIT SOCIAL ORGANIZATION</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>75 Phenix Avenue</b>		City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jack Capuano</b>		Vice-President Name <b>Phillip Colasante</b>	
Street Address <b>145 Capuano Avenue</b>		Street Address <b>7 Green Court</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Richard DiSano</b>		Treasurer Name <b>Kevin J. Flynn</b>	
Street Address <b>25 Selma Street</b>		Street Address <b>78 Rolling Meadow Way</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b> Zip <b>02852</b>
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 <b>Karl Kirkorian</b>		Director Name <b>Edward J. Gomes</b>	
Street Address <b>303 Country View Drive</b>		Street Address <b>3457 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b> Zip <b>02886</b>
Director Name <b>John Battista, Jr.</b>		Director Name <b>David Sasso, Jr.</b>	
Street Address <b>75 Derbyshire Drive</b>		Street Address <b>10 Owl Court</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b> Zip <b>02921</b>
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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Kevin J. Flynn Treasurer</b>			Date <b>02-01-2023</b>
Signature of Officer/Authorized Representative <b>Kevin J. Flynn</b>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov