



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 29416		2. Exact name of the Corporation City Hall Athletic Club	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT SOCIAL ORGANIZATION	
4. NAICS Code 813410			
6. Principal Office Address 75 Phenix Avenue		City Cranston	State RI Zip 02920
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Jack Capuano		Vice-President Name Phillip Colasante	
Street Address 145 Capuano Avenue		Street Address 7 Green Court	
City Cranston	State RI	Zip 02920	City Cranston State RI Zip 02920
Secretary Name Richard DiSano		Treasurer Name Kevin J. Flynn	
Street Address 25 Selma Street		Street Address 78 Rolling Meadow Way	
City Cranston	State RI	Zip 02920	City North Kingstown State RI Zip 02852
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 Karl Kirkorian		Director Name Edward J. Gomes	
Street Address 303 Country View Drive		Street Address 3457 Post Road	
City Warwick	State RI	Zip 02889	City Warwick State RI Zip 02886
Director Name John Battista, Jr.		Director Name David Sasso, Jr.	
Street Address 75 Derbyshire Drive		Street Address 10 Owl Court	
City Cranston	State RI	Zip 02921	City Cranston State RI Zip 02921
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 Kevin J. Flynn Treasurer			Date 02-01-2023
Signature of Officer/Authorized Representative Kevin J. Flynn			

## MAIL TO:

Division of Business Services

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