



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAY 22 P 2:56

1. Entity ID Number 001694626		2. Exact name of the Corporation SNP American Legion Post 29 Baseball, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation of baseball team for high school aged players			
4. NAICS Code 813990.					
6. Principal Office Address 40 Power Road		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Louis C. Zammarelli			Vice-President Name Domenic Pontarelli		
Street Address 40 Power Road			Street Address 30 Swan Street		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02860
Secretary Name Mary Zammarelli			Treasurer Name Louis C. Zammarelli		
Street Address 305 Pleasant View Avenue			Street Address 40 Power Road		
City Smithfield	State RI	Zip 02917	City Pawtucket	State RI	Zip 02860
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 Louis C. Zammarelli			Director Name Domenic Pontarelli		
Street Address 40 Power Road			Street Address 30 Swan Street		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Director Name Mary Zammarelli			Director Name		
Street Address 305 Pleasant View Avenue			Street Address		
City Smithfield	State RI	Zip 02917	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 <b>Louis C. Zammarelli</b>					Date 5/22/23
Signature of Officer/Authorized Representative					FILED

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

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