



State of Rhode Island
Department of State - Business Services Division

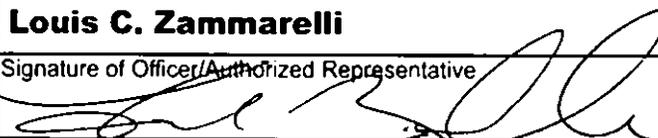
Annual Report for the year: 2023

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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| | | | | | |
|---|-----------------|---|---|--------------------|------------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| <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 Louis C. Zammarelli | | | | | 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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