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24 APR 15 PM 12:23:28State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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 youth thru high school age baseball league			
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 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 02911
Secretary Name Mary Zammarelli			Treasurer Name Louis Zammarelli		
Street Address 305 Pleasant View Avenue			Street Address 40 Power Road		
City Smithfield	State RI	Zip 02917	City Pawtucket	State RI	Zip 02960
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 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 AVE			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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Louis Zammarelli				Date 4-15-24	
Signature of Officer/Authorized Representative 				ms FILED 1222 APR 15 2024 BY 25495	

MAIL TO:
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