



State 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.

FILED

APR 18 2024

BY *[Signature]*

1. Entity ID Number 000028897		2. Exact name of the Corporation VASA MUSIC HALL ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A FRATERNAL ORGINATION TO AID PERSONS OF SCANDANAVIAN DECENT			
4. NAICS Code 813990					
6. Principal Office Address 43 HOLDEN ST			City WARWICK	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH R JOHNSON SR			Vice-President Name NONE		
Street Address 43 HOLDEN ST			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name KELLY GOMEZ			Treasurer Name LINDA JOHNSON		
Street Address 58 FOREST AVE			Street Address 43 HOLDEN ST		
City CUMBERLAND	State RI	Zip 02864	City WARWICK	State RI	Zip 02889
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 ARTHUR OSCARSON			Director Name FLOYD SMITH		
Street Address 37 VISTA TRAIL			Street Address 33 STAM AVE		
City VERO BEACH	State FL	Zip 32962	City CRANSTON	State RI	Zip 02920
Director Name JOHN WILSON			Director Name		
Street Address 43 KNIGHT ST			Street Address		
City CRANSTON	State RI	Zip 02920	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 Kenneth R. Johnson, Sr.					Date 4/15/2024
Signature of Officer/Authorized Representative <i>Kenneth R. Johnson, Sr.</i>					

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