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**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.

1. Entity ID Number 55867		2. Exact name of the Corporation Johnston Adult Sports Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The ongoing promotion and funding of adult sports programs and events			
4. NAICS Code 813319					
6. Principal Office Address 1583 Hartford Avenue			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Michael Bedrosian			Vice-President Name Vincent Jackvony		
Street Address 22 Atwells Avenue			Street Address 30 Harrington Avenue		
City Johnston	State RI	Zip 02919	City Hope	State RI	Zip 02919
Secretary Name Nicole Courmoyer			Treasurer Name Robert Civetti		
Street Address 1 Winsor Avenue			Street Address 7 Teaberry Lane		
City Johnston	State RI	Zip 02919	City Johnston	State	Zip
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 Michael Bedrosian			Director Name Vincent Jackvony		
Street Address 22 Atwells Avenue			Street Address 30 Harrington Avenue		
City Johnston	State RI	Zip 02919	City Hope	State RI	Zip 02919
Director Name Nicole Courmoyer			Director Name		
Street Address 1 Winsor Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 Vincent Jackvony				Date 10/10/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 10 2024
BY [Signature]
AA. 9:41 AM.
Form 631 - Revised: 12/2023