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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000419184		2. Exact name of the Corporation Scituate Girls Softball			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island USA SOFTBALL APPROVED RECREATION FASTPITCH SOFTBALL PROGRAM FOR GIRLS AGES 4 TO 14			
4. NAICS Code 624110					
6. Principal Office Address P.O. Box 164		City North Scituate		State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name KEVIN VENTURINI			Vice-President Name MIKE ROTONDO		
Street Address 245 GLEANER CHAPEL ROAD			Street Address 42 CUCUMBER HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
Secretary Name AARON RING			Treasurer Name MATHEW NICKERSON		
Street Address 245 ROCKY HILL RD			Street Address 4 BRANDY BROOK ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
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 KEVIN VENTURINI			Director Name MIKE ROTONDO		
Street Address 245 GLEANER CHAPEL ROAD			Street Address 42 CUCUMBER HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
Director Name AARON RING			Director Name MATHEW NICKERSON		
Street Address 245 ROCKY HILL RD			Street Address 4 BRANDY BROOK ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
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 KEVIN VENTURINI					Date 4/17/25
Signature of Officer/Authorized Representative 					

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

FILED

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BY **P8WDT** FORM 631- Revised 12/2023
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