



State of Rhode Island  
Department of State - Business Services Division

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

FILED

APR 18 2025  
BY **P8WDT**  
**AA 9:48 AM**  
FORM 631- Revised 12/2023