



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.

REC'D RI005 BSD
25 APR 18 AM 9:46:12

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 ☐			
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	City FOSTER	State RI
Zip 02857		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	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
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	City FOSTER	State RI
Zip 02857		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	City NORTH SCITUATE	State RI
Zip 02857		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 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 18 2025
BY **P8WDS**
AA 9:47AM
FORM 631- Revised: 12/2023