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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	2. Exact name of the Corporation
000419184	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	City	State	Zip
P.O. Box 164	North Scituate	RI	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	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 ☐

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	Date
KEVIN VENTURINI	**4/17/25**

Signature of Officer/Authorized Representative

FILED

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

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BY PSWDS
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FORM 631- Revised: 12/2023