RI SOS Filing Number: 202570721970 Date: 4/21/2025 3:14:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: 2025

- 1. Corporate ID No. 000064228
- 2. Name of Corporation WARWICK UMPIRES ASSOCIATION, INC.
- 3. State of Incorporation

State: RI

### **NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

713990

#### 4. Principal Office Address

No. and Street: 25 WAVERLY STREET

City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

#### 5. Brief Description of the Character of the Affairs Conducted in Rhode Island

MAINTAINING, OPERATING AND CONDUCTING AN ASSOCIATION OF PERSONS TO PROVIDE UMPIRING, OFFICIATING AND SUPERVISORY SERVICES FOR VARIOUS RICITY AND TOWN RECREATIONAL AND AMATEUR SOFTBALL AND BASEBALL LEAGUES.

#### 6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|--|---|
| PRESIDENT      | CRAIG ANDREOZZI                                | 31 KEELEY AVE<br>WARWICK, RI 02886 USA                  |
| TREASURER      | JASON DELTORO                                  | 25 WAVERLY ST<br>WEST WARWICK, RI 02893 USA             |
| SECRETARY      | JASON DELTORO                                  | 25 WAVERLY ST<br>WEST WARWICK, RI 02893 USA             |
| DIRECTOR       | SCOTT CARLSON                                  | 20 BLACKINTON DRIVE<br>ATTLEBORO, MA 02703 USA          |
| COMMISSIONER   | SCOTT CARLSON                                  | 20 BLACKINTON DR<br>ATTLEBORO, MA 02703 USA             |
| AT-LARGE       | JIM DESIMONE                                   | 4 LOWE AVE<br>WARWICK, RI 02889 USA                     |
| AT-LARGE       | ROBERT FRANKLIN                                | 16 WEBER AVE<br>WARWICK, RI 02889 USA                   |
| VICE PRESIDENT | JON ROUSSEAU                                   | 15 BLEACH AVE<br>WEST WARWICK, RI 02893 USA             |
| DIRECTOR       | JON ROUSSEAU                                   | 15 BLEACH AVE<br>WEST WARWICK, RI 02893 USA             |
| DIRECTOR       | JASON DELTORO                                  | 25 WAVERLY ST<br>WEST WARWICK, RI 02893 USA             |
| DIRECTOR       | CRAIG ANDREOZZI                                | 31 KEELEY AVE<br>WARWICK, RI 02886 USA                  |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JASON DELTORO 25 WAVERLY STREET WEST WARWICK, RI 02893

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of April, 2025 at 3:15:27 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By JASON DELTORO

Signature of Authorized Person

Form No. 631 Revised 09/07 © 2007 - 2025 State of Rhode Island All Rights Reserved