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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	2. Exact name of the Corporation
001694626	SNP American Legion Post 29 Baseball, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Operation of American Legion baseball team
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
40 Power Road	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Louis Zammarelli			Vice-President Name: James Connell		
Street Address: 40 Power Road			Street Address: 29 Karen Ann Drive		
City: Pawtucket	State: RI	Zip: 02860	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Mary Zammarelli			Treasurer Name: Louis Zammarellli		
Street Address: 305 Pleasant View Avenue			Street Address: 40 Power Road		
City: Smithfield	State: RI	Zip: 02917	City: Pawtucket	State: RI	Zip: 028690

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Louis Zammarelli			Director Name: JamesConnell		
Street Address: 40 Power Road			Street Address: 29 Karen Ann Drive		
City: Pawtucket	State: RI	Zip: 02860	City: Smithfield	State: RI	Zip: 02917
Director Name: Mary Zammarelli			Director Name:		
Street Address: 305 Pleasant View Avenue			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:

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: **Louis Zammarelli** — Date: 4/22/25

Signature of Officer/Authorized Representative

FILED
APR 22 2025
BY 25843
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023