



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
29 APR 22 AM 11:14:33

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 001694626		2. Exact name of the Corporation 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 40 Power Road		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Zammarelli		
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 <input type="checkbox"/>					
Director Name Louis Zammarelli			Director 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
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 					

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

FILED

APR 22 2025
BY 25843
AA.