



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. STAMP

2025 JUN 24 10:58 AM

1. Entity ID Number 001702738		2. Exact name of the Corporation NORTHEAST BASEBALL TRAINING CENTER INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON PROFIT CHARITABLE BASEBALL TRAINING	
4. NAICS Code 624110			
6. Principal Office Address 807 HARTFORD AVE		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GARY SALZILLO		Vice-President Name TONI ANN SALZILLO	
Street Address 42 PECK HILL ROAD		Street Address 42 PECK HILL ROAD	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name EMMA SALZILLO		Treasurer Name MICHAEL SALZILLO	
Street Address 42 PECK HILL ROAD		Street Address 42 PECK HILL ROAD	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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 GARY SALZILLO		Director Name TONI ANN SALZILLO	
Street Address 42 PECK HILL ROAD		Street Address 42 PECK HILL ROAD	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name EMMA SALZILLO		Director Name	
Street Address 42 PECK HILL ROAD		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		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 GARY SALZILLO			Date 06/19/25
Signature of Officer/Authorized Representative			

FILED

JUN 24 2025

BY AXEJ9
19

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