



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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1. Entity ID Number <b>000028897</b>		2. Exact name of the Corporation <b>VASA MUSIC HALL ASSOCIATION</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>A FRATERNAL ORGINAZATION TO AID PERSONS OF SCANDANAVIAN DECENT</b>	
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>			
6. Principal Office Address <b>43 HOLDEN ST</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02889</b>	
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KENNETH R JOHNSON SR</b>		Vice-President Name <b>NONE</b>	
Street Address <b>43 HOLDEN ST</b>		Street Address	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	
Secretary Name <b>KELLY GOMEZ</b>		Treasurer Name <b>LINDA JOHNSON</b>	
Street Address <b>58 FOREST AVE</b>		Street Address <b>43 HOLDEN ST</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>WARWICK</b>
		State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ARTHUR OSCARSON</b>		Director Name <b>FLOYD SMITH</b>	
Street Address <b>37 VISTA GARDEN TRAIL</b>		Street Address <b>33 STAM AVE</b>	
City <b>VERO BEACH</b>	State <b>FL</b>	Zip <b>32962</b>	City <b>CRANSTON</b>
		State <b>RI</b>	Zip <b>02920</b>
Director Name <b>JOHN WILSON</b>		Director Name <b>NONE</b>	
Street Address <b>43 KNIGHT ST</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>KENNETH RI JOHNSON, SR.</b>			Date <b>4/15/2022</b>
Signature of Officer/Authorized Representative <i>Kenneth R. Johnson, Sr.</i>			<b>FILED</b>

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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