



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year:
Non-Profit Corporation

2022

- 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 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 CHARITABLE BASEBALL SCHOOL			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address 775 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	Zip 02919	City JOHNSTON	State RI	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	Zip 02919	City JOHNSTON	State RI	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	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name EMMA SALZILLO		Director Name			
Street Address 42 PECK HILL ROAD		Street Address			
City JOHNSTON	State RI	Zip 02919	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative GARY SALZILLO				Date 05/08/2022	
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

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MAY 11 2022
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