



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

**Annual Report for the year: 2024  
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.

**FILED**  
**APR 18 2024**  
BY *[Signature]*

1. Entity ID Number <b>000028897</b>		2. Exact name of the Corporation <b>VASA MUSIC HALL ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>A FRATERNAL ORGINATION TO AID PERSONS OF SCANDANAVIAN DECENT</b>			
4. NAICS Code <b>813990</b>					
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) <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>	City	State	Zip
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 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		
Street Address <b>43 KNIGHT ST</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
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>					
<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 <i>Kenneth R. Johnson, Sr.</i>					Date <i>4/15/2024</i>
Signature of Officer/Authorized Representative <i>Kenneth R. Johnson, Sr.</i>					

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov