



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>158852</u>		2. Name of Corporation <u>RHODE ISLAND MEN'S SENIOR BASEBALL LEAGUE</u>											
3. Street Address Principal Business Office <u>51 WOODED GROVE CIRCLE</u>		City <u>SO. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02892</u>									
4. Business Phone No. <u>401-837-4098</u>		5. State of Incorporation <u>RHODE ISLAND</u>											
6. Brief Description of the Character of Business Conducted in Rhode Island													
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS													
President Name <u>DAVID SAAD</u>		Vice President Name <u>GARY RAYMOND</u>											
Street Address <u>129 WEST RIVER ST.</u>		Street Address <u>51 WOODED GROVE CIRCLE</u>											
City <u>SEEKONK</u>	State <u>MA</u>	Zip <u>02771</u>	City <u>SO. KINGSTOWN</u>	State <u>RI</u>									
Secretary Name <u>GARY RAYMOND</u>		Treasurer Name <u>DAVID SAAD</u>											
Street Address <u>51 WOODED GROVE CIRCLE</u>		Street Address <u>129 WEST RIVER ST.</u>											
City <u>SO. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>SEEKONK</u>	State <u>MA</u>									
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		9. SHARES AUTHORIZED											
Director Name		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
Street Address		ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED											
City		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number of Shares</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>100</u></td> <td></td> <td style="text-align: center;"><u>0</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Number of Shares	Class/Series	Par Value	<u>100</u>		<u>0</u>			
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<u>100</u>		<u>0</u>											
Director Name													
Street Address													
City													

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date DEC 15 2009

Check No. \_\_\_\_\_ By [Signature]

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 10-22-09  
Signature Date  
DAVID SAAD  
Print or Type Name  
PRESIDENT  
Title