



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>	Zip <u>02892</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>	Zip <u>02771</u>		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
					Number of Shares <u>100</u>	Class/Series	Par Value <u>0</u>

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 106134

By: 106134

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 DAVID SAAD Date 10-22-09

Print or Type Name  
PRESIDENT

Title