



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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 486320		2. Name of Corporation DIAMOND BASEBALL ACADEMY INC			
3. Street Address Principal Business Office 3377 SOUTH COUNTY TRAIL			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 401-885-5959		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF BASEBALL AND SOFTBALL CLINICS AND ANY OTHER PURPOSE ALLOWED BY LAW					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK ANDREWS			Vice President Name MICHAEL J GIARD, SR		
Street Address 82 ELMBROOK DRIVE			Street Address 259 DIAMOND HILL RD		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02886
Secretary Name MARK ANDREWS			Treasurer Name SCOTT WOODWARD		
Street Address 82 ELMBROOK DRIVE			Street Address 67 LANCASTER AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 MUST BE COMPLETED		
			Number of Shares 49	Class/Series A COMMON	Par Value NONE

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

FEB 16 2012

File Date _____ BY [Signature]
 Check No. _____ 29-163766
 By: _____
 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] 1/16/12
 Signature Date
DAVE HUNTOON
 Print or Type Name
 CPA
 Title