



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>794572</b>		2. Exact name of the Corporation <b>GDL, INC</b>								
3. Principal office address <b>3377 SOUTH COUNTY TRAIL</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>					
4. Business Phone No. <b>401-413-2661</b>			5. State of Incorporation <b>RHODE ISLAND</b>							
6. Brief description of the character of business conducted in Rhode Island <b>BASEBALL TRAINING FACILITY</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
President Name <b>KEVIN J LEMAY</b>			Vice-President Name <b>PHILIP DUPRAS III</b>							
Street Address <b>3 LAKECREST CIRCLE</b>			Street Address <b>29 SORREL ROAD</b>							
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
Secretary Name <b>PHILIP DUPRAS III</b>			Treasurer Name <b>KEVIN J LEMAY</b>							
Street Address <b>29 SORREL ROAD</b>			Street Address <b>3 LAKECREST CIRCLE</b>							
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
Director Name <b>KEVIN J LEMAY</b>			Director Name <b>PHILIP DUPRAS III</b>							
Street Address <b>3 LAKECREST CIRCLE</b>			Street Address <b>29 SORREL ROAD</b>							
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						2,000	CNP	\$0.00		

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**MAR 01 2013**

BY 10/2

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 of Authorized Representative  
 Date 2/4/13  
 Print or Type Name of Authorized Representative  
**KEVIN J. LEMAY**