



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

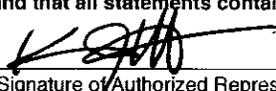
File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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