



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 105199		2. Exact name of the Corporation Slocum Baseball Club, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Promote educational/cultural development of young adults primarily through promoting and teaching baseball			
5. Principal office address 55 Brenton Court		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Raymond LeBlanc			Vice-President Name		
Street Address 55 Brenton Court			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name John Pyne			Treasurer Name Francis X. McCrossan		
Street Address 315 Butternut Drive			Street Address 35 Stone Hill Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Raymond LeBlanc			Director Name Francis X. McCrossan		
Street Address 55 Brenton Court			Street Address 35 Stone Hill Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name John Pyne			Director Name		
Street Address 315 Butternut Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND <u>James Murphy</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FILED

MAY 21 2013

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.

05/16/2013

Signature of Officer

Date

Francis X. McCrossan

Print or Type Name of Officer

Treasurer

Title of Officer

By [Signature]
Ch # 1016