



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

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 706640		2. Exact name of the Corporation BOMB SQUAD BASEBALL, INC		
3. Principal office address 1174 KINGSTOWN ROAD		City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 401-284-0411		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island INDOOR BATTING CAGES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JEFFREY W. SWEENOR		Vice-President Name NONE		
Street Address 1174 KINGSTOWN ROAD		Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State Zip
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JEFFREY SWEENOR		Director Name NONE		
Street Address 1174 KINGSTOWN ROAD		Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State Zip
Director Name NONE		Director Name NONE		
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
		100	NA	NA

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

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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.

Anne Sebastian 7-8-13
 Signature of Authorized Representative Date

Anne Sebastian
 Print or Type Name of Authorized Representative