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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
118942	**Diamonds of Green, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Promote educational/cultural development of young adults primarily through promoting and teaching baseball**

5. Principal office address	City	State	Zip
55 Brenton Court	**North Kingstown**	**RI**	**02852**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Raymond LeBlanc					
Street Address			Street Address		
55 Brenton Court					
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**			
Secretary Name			Treasurer Name		
John Pyne			**Francis X. McCrossan**		
Street Address			Street Address		
315 Butternut Drive			**35 Stone Hill Drive**		
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**	**North Kingstown**	**RI**	**02852**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Raymond LeBlanc			**Francis X. McCrossan**		
Street Address			Street Address		
55 Brenton Court			**35 Stone Hill Drive**		
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**	**North Kingstown**	**RI**	**02852**
Director Name			Director Name		
John Pyne					
Street Address			Street Address		
315 Butternut DRive					
City / State / Zip			City / State / Zip		
North Kingstown	**RI**	**02852**			

8. REGISTERED AGENT IN RHODE ISLAND Joseph T. McGair

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, duly Authorized Representative, Receiver or Trustee

FILED
MAY 22 2014
BY 1039

File Date _____
Check No _____
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 of Officer or Authorized Representative — Date 5/18/14

Francis X. McCrossan
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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