

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.

					· LL.
1. Entity ID No.	2. Exact name of	the Corporation	***		-
875122	<u>R</u>	- Bom	bers		
State of Incorporation 4	. Brief descriptio	n of the character of bu	siness conducted in Rhode Island		-22-4
RI	and ex	Posure to T	the game of base!	ball.	, opportunitle
5. Principal office address			City	State	Zip
44 Merchant			North Praising		[OZ91]
6. LIST ALL OFFICERS (NAMES /	UND ADDRESSI	8) ("X" BOX FOR AT	FACHMENT)	<u> </u>	
President Name			Vice-President Name	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address	<u> </u>		Laolin Busin	man	
44 Merchant			Street Address 44 Merchant	_	et
North Pouldner	tate	02911	North Providence	State	Zip (291)
Secretary Name	domen		Treesurer Name ASON Thom		
Street Address			Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>	
44 Merchant			44 Mrrchant	- 5tr	127
North Providence SI	tate 12-7	zip 029//	North Providence	State	Zip OZ9 / /
7. LIST <u>ALL</u> DIRECTORS (NAMES ("X" BOX FOR ATTACHMENT)	AND ADDRESS	ES). RHODE ISLAND	CORPORATIONS MUST LIST NO	LESS THAN	THREE (3) DIRECTORS
Director Name			Director Name	•• ••••	
	mas		Koolin Boar	Jman	
Street Address 44 Merchant	Street	 	Street Address 44 Menchant		et
North Providence si			North Pavidrace	State	Zip 0291/
Director Name			Director Name	<u> </u>	
Juhn Boardm	9				
Street Address			Street Address		
55 Texas					
Providence F	ate	Zip 102904	City	State	Zip
8. REGISTERED AGENT IN RHODE	ISLAND				
inis information is currently of rec	ord in the Offic	of the Secretary of S	State. Changes require filing Form	B41.	
nis report must be signed by either ti or Trustee	he President, Vid	e-President, Secretary,	Assistant Secretary, Treasurer, duly	Authorized Re	epresentative, Receiver
File Date			Under penalty of perjury, I declar this report, including any accom-	panying ach	edules and statements
Check No		FILED	and that all statements contained	ज्ञानमध्या शिष्ट्री	rue and correct.
Ву:		A 100-	Signature of Officer or Authorized F	m-	6/6/14
FOR SECRETARY OF STATE USE	ONLY	JUN 0 6 2014	orignature of Officer or Authorized F	lepresentative ∽	e pate/
		J. J. J.	//ason 1	home	25
orm No. 631 evised: 04/2014		しりクク	Print or Type Name of Officer or Au	thorized Repr	esentative
OTIONAL VWZUIT	RY.				