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
875122	RI Bombers
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To provide youth baseball players with opportunities and exposure to the game of baseball.

5. Principal office address	City	State	Zip
44 Merchant street	North Providence	RI	02911

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

President Name	Vice-President Name
Mason Thomas	Kaolin Boardman
Street Address: 44 Merchant street	Street Address: 44 Merchant street
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Secretary Name	**Treasurer Name**
Kaolin Boardman	Mason Thomas
Street Address: 44 Merchant street	Street Address: 44 Merchant street
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911

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
Mason Thomas	Kaolin Boardman
Street Address: 44 Merchant street	Street Address: 44 Merchant street
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Director Name: John Boardman	Director Name:
Street Address: 55 Texas Ave.	Street Address:
City: Providence, State: RI, Zip: 02904	City: , State: , Zip:

8. REGISTERED AGENT IN RHODE ISLAND
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

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

FILED
JUN 06 2014
BY 1033

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.

Mason Thomas — 6/6/14
Signature of Officer or Authorized Representative — Date

Mason Thomas
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014