



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

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. <b>000144200</b>		2. Exact name of the Corporation <b>KR BASEBALL INC.</b>						
3. Principal office address <b>100 HIGGINSON AVENUE STE. 4</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>				
4. Business Phone No. <b>401-724-7555</b>		5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>BASEBALL TRAINING ACADEMY</b>								
President Name <b>KENNETH RYAN, JR.</b>			Vice-President Name <b>KENNETH RYAN, JR.</b>					
Street Address <b>89 ROBINCREST COURT</b>			Street Address <b>89 ROBINCREST COURT</b>					
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>			
Secretary Name <b>KENNETH RYAN, JR.</b>			Treasurer Name <b>KENNETH RYAN, JR.</b>					
Street Address <b>89 ROBINCREST COURT</b>			Street Address <b>89 ROBINCREST COURT</b>					
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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
						23000	COMMON	NPV

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.

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 Authorized Representative  
**KENNETH RYAN, JR.**

Date  
**1/24/15**

Print or Type Name of Authorized Representative