



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 2013

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. 000518699		2. Exact name of the Corporation RI RAPTORS BASEBALL CLUB	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island YOUTH BASEBALL CLUB	
5. Principal office address 19 RAVEN CIRCLE		City CRANSTON	State RI
		Zip 02921	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name TODD PATALANO		Vice-President Name DAVID BOGOSIAN	
Street Address 19 RAVEN CIRCLE		Street Address 21 RED HAWK DR	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
Secretary Name MICHAEL OLSON		Treasurer Name KAISTEN OLSON	
Street Address 61 SWEETBRIAR DR		Street Address 61 SWEETBRIAR DR	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name TODD PATALANO		Director Name DAVID BOGOSIAN	
Street Address 19 RAVEN CIRCLE		Street Address 21 RED HAWK DR	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
Director Name MICHAEL OLSON		Director Name KAISTEN OLSON	
Street Address 61 SWEETBRIAR DR		Street Address 61 SWEETBRIAR DR	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
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.			

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 APR 21 10:22 AM '15

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

By

12:26 pm
FILED
 APR 21 2015
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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.

David S Bogosian 3/23/15
 Signature of Officer or Authorized Representative Date

DAVID S BOGOSIAN
 Print or Type Name of Officer or Authorized Representative