



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

By

12:26 pm
FILED

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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.

Signature of Officer or Authorized Representative

Date

DAVID S BOGOSIAN

Print or Type Name of Officer or Authorized Representative