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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 2015

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
000159959	PORTSMOUTH BASEBALL DIAMOND CLUB, INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
11/20/2006	To ~~Support~~ provide morale & financial support, as well as organizing & implementing facility improvement plans to portsmouth baseball programs

5. Principal office address	City	State	Zip
1340 MAIN RD ~~TIVERTON~~	TIVERTON	RI	02878

6. OFFICERS (ATTACH ADDITIONAL SHEET IF NECESSARY) ☐

President Name	Vice-President Name
TIMOTHY O. BANKS	KRISTEN CORLEIA
Street Address	**Street Address**
29 SELINA LN	105 DEXTER ST.
City / State / Zip	City / State / Zip
PORTSMOUTH / RI / 02871	PORTSMOUTH / RI / 02871
Secretary Name	**Treasurer Name**
LISA ANN LEVINE	DANA EDWARD STRUCKMAN
Street Address	**Street Address**
18 HIGH HAWK RD.	152 HILLTOP DRIVE
City / State / Zip	City / State / Zip
PORTSMOUTH / RI / 02871	PORTSMOUTH / RI / 02871

7. LIST ALL DIRECTORS (AT LEAST ONE AND NO MORE THAN THREE) OF RHODE ISLAND NON-PROFIT CORPORATIONS (AT LEAST ONE AND LESS THAN THREE) OR ATTACH LIST ☐

Director Name	Director Name
STACIE MACDONALD	RAYMOND PAUL COLUCCI
Street Address	**Street Address**
81 BLACK POINT LN	55 DOROTHY AVE
City / State / Zip	City / State / Zip
PORTSMOUTH / RI / 02871	PORTSMOUTH / RI / 02871
Director Name	**Director Name**
KIM K. STHINOULIS	
Street Address	**Street Address**
8 MADISON WAY	
City / State / Zip	City / State / Zip
PORTSMOUTH / RI / 02871	

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

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.

PRES 2/1/16
Signature of Officer or Authorized Representative — Date

TIMOTHY O. BANKS
Print or Type Name of Officer or Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By
QV

FILED
FEB 04 2016
KL 2462

Form No. 631
Revised 12/2009 20107154