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 ~~TIVERTO~~	TIVERTON	RI	02878

6. [illegible] ☐

President Name			Vice-President Name		
TIMOTHY O. BANKS			KRISTEN CORREIA		
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 NAMES AND ADDRESSES. RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
STACIE MACDONALD			RAYMOND PAUL COLICCI		
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. STHMOULIS					
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

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

FILED
FEB 04 2016
BY KL 2462

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

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

Form No. 631
Revised: 04/2014