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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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**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. | 2. Exact name of the Corporation |
|---|---|
| 000120412 | UPPER DECK BASEBALL ACADEMY, INC. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| One John C. Dean Memorial Boulevard | Cumberland | RI | 02864 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| (401)334-1539 | Rhode Island |

6. Brief description of the character of business conducted in Rhode Island
Baseball instruction

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Bradford A. Dean | 10 Jasons Grant Drive | Cumberland | RI | 02864 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael V. Milano | 4 Evans Street | Cumberland | RI | 02864 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Bradford A. Dean | 10 Jasons Grant Drive | Cumberland | Ri | 02864 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael V. Milano | 4 Evans Street | Cumberland | RI | 02864 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| None | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |

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CORPORATIONS DIV

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 500 | Common | $0.00 |
| | | |

*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.*

**File Date** _____

**Check No** _____

**By:** _____

**FOR SECRETARY OF STATE USE ONLY**

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By 2160882D
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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 Authorized Representative — Date: 2/24/16

John O. Mancini, Esq., registered agent
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133202-4-1105896