



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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Annual Report for the year:

2015

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 521680		2. Exact name of the Corporation Rhode Island Men's Senior Baseball League			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Amateur baseball league to provide opportunity for adults to play baseball			
5. Principal Office Address 11 Abbey Street		City East Providence		State RI	Zip 02914
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David Saad			Vice-President Name Pat Lavery		
Street Address 129 West River Street			Street Address 24 NY Ave		
City Seekonk	State MA	Zip 02771	City Cumberland	State RI	Zip 02864
Secretary Name Michael Soares			Treasurer Name David Saad		
Street Address 90 Fay Street			Street Address 129 West River Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Deborah Williams			Director Name James Cooney		
Street Address 84 Winter Street			Street Address 15 Ginger Trail		
City Rehoboth	State MA	Zip 02769	City Coventry	State RI	Zip 02816
Director Name George Tamer			Director Name		
Street Address 156 County Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 541.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David Saad				Date 4/18/15	
Signature of Officer/Authorized Representative 					

 MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

FILED

SEP 25 2017

FORM 631 - Revised: 02/2017

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