



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2017 SEP 25 AM 10:24

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). Check the box to indicate an attachment <input type="checkbox"/>			
President Name David Saad		Vice-President Name Pat Laverty	
Street Address 129 West River Street		Street Address 24 NY Ave	
City Seekonk	State MA	Zip 02771	City Cumberland
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
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
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
Director Name George Tamer		Director Name	
Street Address 156 County Road		Street Address	
City Barrington	State RI	Zip 02806	City
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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