



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

Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

STATE OF RHODE ISLAND  
DEPARTMENT OF STATE  
BUREAU OF BUSINESS SERVICES

1. Entity ID Number <b>51309</b>		2. Exact name of the Corporation <b>Baseball Cards of Rhode Island, Inc.</b>			
3. Principal Office Address <b>6861 Post Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>-</b>	6. Brief description of the character of business conducted in Rhode Island <b>Selling baseball cards and collectibles</b>				
5. State of Incorporation <b>Rhode Island</b>	<b>481390</b>				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Jerry Mazzone</b>			Vice-President Name <b>Robert Mott</b>		
Street Address <b>291 Arnold Road</b>			Street Address <b>129 Station Street</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Jerry Mazzone</b>			Treasurer Name <b>Robert Mott</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>3</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>
11. 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.					
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.					
Name of Authorized Representative <b>Jerry Mazzone</b>					Date <b>2/7/18</b>
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE <b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017