



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

Annual Report for the year: **2018**

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 <b>000825645</b>		2. Exact name of the Corporation <b>NE BASEBALL, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>FORM AND ADMINISTER YOUTH BASEBALL TEAMS</b>			
4. NAICS Code <b>813990 - Other Similar Orga:</b>					
6. Principal Office Address <b>82 BROWN TERRACE</b>		City <b>PORTSMOUTH</b>		State <b>RI</b>	Zip <b>02871</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RONALD WESTMORELAND</b>			Vice-President Name <b>RONALD WESTMORELAND</b>		
Street Address <b>4 HALCYON FARM ROAD</b>			Street Address <b>4 HALCYON FARM ROAD</b>		
City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02347</b>	City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02347</b>
Secretary Name <b>RONALD WESTMORELAND</b>			Treasurer Name <b>RONALD WESTMORELAND</b>		
Street Address <b>4 HALCYON FARM ROAD</b>			Street Address <b>4 HALCYON FARM ROAD</b>		
City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02347</b>	City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02347</b>
8. 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 <b>RONALD WESTMORELAND</b>			Director Name <b>CHARLES PAIVA</b>		
Street Address <b>4 HALCYON FARM ROAD</b>			Street Address <b>164 MEADOW LANE</b>		
City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02347</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>RYAN WESTMORELAND</b>			Director Name		
Street Address <b>82 BROWN TERRACE</b>			Street Address		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>RONALD WESTMORELAND, PRESIDENT</b>					Date <b>6-4-18</b>
Signature of Officer/Authorized Representative 					

FILED

JUN 07 2018

BY 11039 05 FORM 631 - Revised: 05/2017