



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

SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Non-Profit Corporation

2019 MAY 28 AM 9:12

- 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 001673442		2. Exact name of the Corporation Cranston Bulldogs Baseball Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SUMMER Baseball for Inner City Kids in the City of Cranston			
4. NAICS Code 713990					
6. Principal Office Address 31 Green Meadow Dr.		City NARRAGANSETT	State RI	Zip 02882	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID M. COLFI		Vice-President Name KEVIN BARBERO			
Street Address 31 Green Meadow Dr.		Street Address 98 Woodbury Rd			
City NARRAGANSETT	State RI	Zip 02882	City CRANSTON	State RI	Zip 02901
Secretary Name STEVE McBRATH		Treasurer Name RON BARNES			
Street Address 1574 NARRAGANSETT BLVD		Street Address 85 Boylston Drive			
City CRANSTON	State RI	Zip 02901	City CRANSTON	State RI	Zip 02921
8. 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 DAVID M. COLFI		Director Name KEVIN BARBERO			
Street Address 31 Green Meadow Drive		Street Address 98 Woodbury Rd			
City NARRAGANSETT	State RI	Zip 02882	City CRANSTON	State RI	Zip 02901
Director Name RON BARNES		Director Name			
Street Address 85 Boylston Drive		Street Address			
City CRANSTON	State RI	Zip 02921	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.					
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.					
<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 DAVID M. COLFI				Date MAY 28, 2019	
Signature of Officer/Authorized Representative <i>David M. Colfi</i>					

FILED

MAY 28 2019

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BY CA 2XR BG

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov