



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

FILED

Annual Report for the year: **2020**

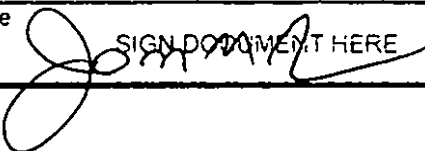
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

JUN 24 2020
BY MOOS

1. Entity ID Number 159959		2. Exact name of the Corporation Portsmouth Baseball Diamond, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide financial support, as well as organizing and implementing facility improvement plans to Portsmouth Baseball programs.			
4. NAICS Code 11211					
6. Principal Office Address 3913 Main Road, Unit E		City Tiverton		State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jason M. Dunn		Vice-President Name Lisa Janssen			
Street Address 23 Randolph Way		Street Address 9 Richard Drive			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Mary Pierce		Treasurer Name Brian Bulk			
Street Address 33 Crossing Court		Street Address 248 Vaucluse Avenue			
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Stacie MacDonald		Director Name Raymond P. Colicci			
Street Address 81 Black Point Lane		Street Address 56 Dorothy Avenue			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Becky Bicho		Director Name			
Street Address 96 Dianne Avenue		Street Address			
City Portsmouth	State RI	Zip 02871	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Jason M. Dunn				Date 5/26/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov