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

FILED
JUN 24 2020
BY MDS

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.

1. Entity ID Number	2. Exact name of the Corporation
159959	**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: 711211	

6. Principal Office Address	City	State	Zip
3913 Main Road, Unit E	Tiverton	RI	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	Date
Jason M. Dunn	5/26/20

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019