RI SOS Filing Number: 202189976570 Date: 2/4/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					FILED		
Annual Report for th Corporation	_		FEB	0 4 2021			
 → Filing period: January → Filing Fee: \$50.00 → Penalty. Additional \$2 	BY 1871 O						
1. Entity ID Number 000144200		ct name of the Corporation ASEBALL, INC.					
3. Principal Office Address 100 HIGGINSON AVENUE, SUITE 4			City LINCOLN		State RI	Zip 02865	
4. NAICS Code	6. Brief descr	iption of the chara	cter of business c	onducted in Rhode Is	sland	*	
713900	BASEBALL	BASEBALL TRAINING ACADEMY					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names a	and addresses)				the box to ind	icate an attachment	
Prosident Name KENNETH RYAN, JR.			Vice-President Name KENNETH RYAN, JR.				
Street Address 89 ROBINCR	Street Address 89 ROBINCREST COURT						
City SEEKONK	State MA	Zip 02771	City SEEKON	ık	State MA	^{Zip} 02771	
Secretary Name KENNETH	Treasurer Name KENNETH RYAN, JR.						
Street Address 89 ROBINCR	Street Address 89 ROBINCREST COURT						
City SEEKONK	State MA	Zip 02771	City SEEKONK		State MA	Zip 02771	
8. List ALL directors (names	and addresses)	I	I	Check	the box to ind	icate an attachment [
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
3. Shares Authorized		10. Shares Is	sued	Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHAPES 23000		CLASSICERIES		PAR VALUE	
				COMMON		NPV	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in the	e hands of a receiver o	

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

Date / /

trustee, this report must be executed on behalf of the corporation by the receiver or trustee

Maine of Authorized Representati

KENNETH RYAN, JR.

Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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