



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual Report for the year: **2021**

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.

JUL 15 2021

BY

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 report, as well as organizing and implementing facility improvement plans to Portsmouth Baseball programs.			
4. NAICS Code					
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 <input type="checkbox"/>					
President Name Jason M. Dunn			Vice-President Name Craig Spaner		
Street Address 23 Randolph Way			Street Address 82 Schoolhouse Lane		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Mary Pierce			Treasurer Name Brian Buik		
Street Address 33 Crossing Court			Street Address 248 Vauluse 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 <input type="checkbox"/>					
Director Name Becky Bicho			Director Name Raymond P. Colicci		
Street Address 96 Dianne Avenue			Street Address 56 Dorothy Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Brian Buik			Director Name		
Street Address 248 Vauluse Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 7/8/21	
Signature of Officer/Authorized Representative <i>Jason M. Dunn</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020