



State of Rhode Island  
Department of State - Business Services Division

**FILED**

ST MAY 10 2022

BY

Annual Report for the year: 2022  
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>159959</b>		2. Exact name of the Corporation <b>Portsmouth Baseball Diamond, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide financial report, as well as organizing and implementing facility improvement plans to Portsmouth Baseball programs.</b>			
4. NAICS Code <b>71211</b>					
6. Principal Office Address <b>3913 Main Road, Unit E</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jason M. Dunn</b>			Vice-President Name <b>Craig Spaner</b>		
Street Address <b>23 Randolph Way</b>			Street Address <b>82 Schoolhouse Lane</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>Mary Pierce</b>			Treasurer Name <b>Brian Bulk</b>		
Street Address <b>33 Crossing Court</b>			Street Address <b>248 Vaucluse Avenue</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Becky Bicho</b>			Director Name <b>Raymond P. Colicci</b>		
Street Address <b>96 Dianne Avenue</b>			Street Address <b>56 Dorothy Avenue</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>Brian Bulk</b>			Director Name		
Street Address <b>248 Vaucluse Avenue</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Jason M. Dunn</b>				Date <b>X 2-2-22</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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