



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 04 2022

BY

1. Entity ID Number 000144200		2. Exact name of the Corporation K.R. BASEBALL, INC.			
3. Principal Office Address 100 HIGGINSON AVENUE, SUITE 4			City LINCOLN	State RI	Zip 02865
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island BASEBALL TRAINING ACADEMY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KENNETH RYAN, JR.			Vice-President Name KENNETH RYAN, JR.		
Street Address 700 COUNTY STREET			Street Address 700 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name KENNETH RYAN, JR.			Treasurer Name KENNETH RYAN, JR.		
Street Address 700 COUNTY STREET			Street Address 700 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		23000		COMMON	
				NPV	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<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>					
Name of Authorized Representative KENNETH RYAN, JR.				Date X 4/28/22	
Signature of Authorized Representative <i>X Kenneth Ryan</i>					

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