



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
 MAR 20 2024
 BY *SDS*

1. Entry ID Number 000164033		2. Exact name of the Corporation RHODE ISLAND BASEBALL INSTITUTE, INC.			
3. Principal Office Address 2011 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 711211		6. Brief description of the character of business conducted in Rhode Island Operation of a baseball instructional institution			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Mello			Vice-President Name David Stenhouse		
Street Address 2011 Post Road			Street Address 2011 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name John Mello			Treasurer Name David Stenhouse		
Street Address 2011 Post Road			Street Address 2011 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Mello			Director Name David Stenhouse		
Street Address 2011 Post Road			Street Address 2011 Post Road		
City Warwick	State RI	Zip 02866	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	STK	\$0.0100
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. 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 John Mello				Date 3/12/2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov