



State of Rhode Island  
Department of State - Business Services Division

APR 10 2024  
219

Annual Report for the year: 2024

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 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 711211			
6. Principal Office Address 3913 Main Road, Unit E		City Tiverton	State RI
		Zip 02878	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name James Mass		Vice-President Name Craig Spaner	
Street Address 74 Echo Lane		Street Address 82 Schoolhouse Lane	
City Portsmouth	State RI	Zip 02871	City Portsmouth
			State RI
			Zip 02871
Secretary Name Jaqueline L. Grinnell		Treasurer Name William Nolan	
Street Address 34 Redwood Road		Street Address 86 West Passage Dr.	
City Portsmouth	State RI	Zip 02871	City Portsmouth
			State RI
			Zip 02871
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name James Mass		Director Name William Nolan	
Street Address 74 Echo Lane		Street Address 86 West Passage Dr.	
City Portsmouth	State RI	Zip 02871	City Portsmouth
			State RI
			Zip 02871
Director Name Kelley Cord		Director Name	
Street Address PO Box 3639		Street Address	
City Newport	State RI	Zip 02840	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 James Mass			Date 4-3-24
Signature of Officer/Authorized Representative <i>James Mass</i>			

MAIL TO:  
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