



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) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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.					
<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:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov