



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2024
Non-Profit Corporation

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- 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 001750016	2. Exact name of the Corporation Tiverton Baseball
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Provides children and teens with opportunities to learn and play baseball in a structured, supportive and community focused environment.
4. NAICS Code 711211	

6. Principal Office Address 226 Hooper Street	City Tiverton	State RI	Zip 02878
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Chad Mercer	Vice-President Name Sean McShane
Street Address 226 Hooper St	Street Address 91 Evergreen Ave
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878
Secretary Name Tiffany McShane	Treasurer Name Bria Henrique
Street Address 91 Evergreen Ave	Street Address 17 Plantation Dr
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name Dan Medeiros	Director Name Jason Methia
Street Address 823 Crandall Rd	Street Address 86 Highland Rd
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878
Director Name Chad Mercer	Director Name Mike Silver
Street Address 226 Hooper St	Street Address 69 Beth Rd
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Chad Mercer	Date 6-21-24
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Signature of Officer/Authorized Representative Chad Mercer	2024 SEP - 5 AM 10:46	FILED
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MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY **TSNOK**
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