State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 26 PM 1:05

Annual Report for the year: 2023
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	2. Exact name of the Corporation
00175001G	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, a structured, supportive and community focused environment.
4. NAICS Code: 711211	

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6. Principal Office Address	City	State	Zip
226 Hooper Street	Tiverton	RI	02878

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 Silva
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	Date
Chad Mercer	6.21.24

Signature of Officer/Authorized Representative: Chad Mercer

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MAIL TO:
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