



State of Rhode Island  
Department of State - Business Services Division

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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 <b>001759116</b>		2. Exact name of the Corporation <b>BASEBALL ACADEMY YSAIA HERNANDEZ ESPINAL</b>	
3. State of Incorporation <b>PROVIDENCE</b>		5. Brief description of the character of business conducted in Rhode Island. <b>Training, preparation, instruction, representation, and promotion of the prospects of baseball and scholar assistance with trained teachers/ professors</b>	
4. NAICS Code <b>624110</b>			
6. Principal Office Address <b>65 ROBIN ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (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>			
President Name <b>YSAIA HERNANDEZ ESPINAL</b>		Vice-President Name <b>WALLIN ACOSTA</b>	
Street Address <b>65 ROBIN ST</b>		Street Address <b>11 LILY DR</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Secretary Name <b>FILOMENA BLANCO</b>		Treasurer Name <b>MARLENE CASTILLO DE BETANCES</b>	
Street Address <b>65 ROBIN ST</b>		Street Address <b>60 CONGRESS AVE</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02904</b>	
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 <b>YSAIA HERNANDEZ ESPINAL</b>		Director Name <b>HEATHER MACDONALD</b>	
Street Address <b>65 ROBIN ST</b>		Street Address <b>A CUTLER ST</b>	
City <b>PROVIDENCE</b>	State <b>R-I.</b>	City <b>PROVIDENCE</b>	State <b>R-I.</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Director Name <b>MARLENE CASTILLO DE BETANCES</b>		Director Name <b>JOSE I. VINAS</b>	
Street Address <b>65 CONGRESS AVE</b>		Street Address <b>60 DRESSER ST</b>	
City <b>PROVIDENCE</b>	State <b>R-I.</b>	City <b>PROVIDENCE</b>	State <b>R-I.</b>
Zip <b>02907</b>		Zip <b>02909</b>	
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 <b>YSAIA HERNANDEZ ESPINAL</b>		FILED	Date <b>9/30/2024</b>
Signature of Officer/Authorized Representative 			

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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