



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

MAR 28 2025

BY

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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 Kelley Cord		Vice-President Name Robert Campion	
Street Address PO Box 3639		Street Address 15 Ash Street	
City Newport	State RI	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	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 Cynthia MacDonald		Director Name Robert Campion	
Street Address 152 Canonchet Drive		Street Address 15 Ash Street	
City Portsmouth	State RI	City Portsmouth	State RI Zip 02871
Director Name Kelley Cord		Director Name Jaqueline L. Grinnell	
Street Address PO Box 3639		Street Address 34 Redwood Rd.	
City Newport	State RI	City Portsmouth	State RI Zip 02871
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 * Jacqueline L. Grinnell, Secretary			Date 3/25/25
Signature of Officer/Authorized Representative * Jacqueline L. Grinnell			

MAIL TO:
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