State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
141070	Coventry Hoopsters Basketball Camp, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	BASKETBALL CAMP GRADES 4-6TH/7TH-10TH

5. Principal office address	City	State	Zip
578 Old Phenix Ave	Cranston	R.I.	02921

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William Tenaglia	Owner / Director

Street Address	City	State	Zip
578 Old Phenix Ave	Cranston	R.I.	02921

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
William Tenaglia	
Street Address: 578 Old Phenix Ave	Street Address
City: Cranston; State: R.I.; Zip: 02921	City; State; Zip
Manager Name	Manager Name
Street Address	Street Address
City; State; Zip	City; Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
WILLIAM TENAGLIA	

Address	City	Zip
578 OLD PHENIX AVENUE	CRANSTON	~~02920~~ 02921

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
File Date NOV 13 2007
Check No. 251
By:
FOR SECRETARY OF STATE USE ONLY

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.

William Tenaglia 10/31/07
Signature of Authorized Person *Date*

William Tenaglia
Print or Type Name of Authorized Person

Form 632 Rev. 07/07