

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

Form 631 Rev. 12/06

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.31

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.					616100
1. Corporate ID No.	2. Name of Corporation	~= ~= ~ -	a Decad	USTA/NEW	ENGLAND
68145	UNITED STATESTENNIS ASSOC, RHODE ISLANI				
3. State of Incorporation				City	1 °
Rhode sland	211 Wo	The Hull		Varra	02882
5. Foreign corporation. Enter print	cipal office address		City	State	Zip
			<u> </u>		<u>, </u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO proxite the development of tennis as a means of					
honorale in development of trees for all S.E. New lengland					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
MICHAEL GORMAN			JOHN JASIONOWOSKI		
Street Address			Street Address		
3/Greenlake Dr			46 Prerin live		
Cap	State	Zip (2	City	State	02861
Greenville	R/	02828	Paint.	R.L.	00001
Secretary Name	CT-01		Treasurer Name	- Talle	CON
TRACY BRETON			ANTOINETTE JOHNSON		
Street Address			Street Address 211 WOOD HILL Rd		
174 Colum	T		· · · · · · · · · · · · · · · · · · ·		Zip
70	State	02905	NARRA.	State	03882
cranslow	1 ^ / /			/\ ' / ' EDODE HEING ATTACI	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
PAM ESTEN			Director Name Ellen Rose		
			Street Address		
Street Address 19 Chaloxer Court			102 Honeward Lanes		
City 2	State -	Zip	City	State	720 T
Cranston	R1	02921	N. althe boro	MA	02766
Director Name			Sirely Sweet &		
Street Address	6		Street Address	رم د	- Carrier Control
5 (lesa 1.0)	- 1 Can	Ur.	72 allen	lie	
Get 0	State	Zip	City	State	20 A
Jahnston	15.1.	02919	Wakefield	K.	02879
2. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes sequire filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Chalaireth Jahnson			Comparragassett 02882		
Address			City	Zip	
	V		Rarragasse	ett 1020	P82
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
			Hader papelty of paris	m. I declare and affirm th	at I have examined this
			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
				erein are true and correct.	
File Date	<u></u>				2/7/08
FILED			Signature of Officer Date		
Check No. FFD A 9 2000					
CHECK MA. FEB 0 8 2008			Print or Type Name of Officer		
By: By Ollar Ollar					
FOR SECRETARY OF THE USE ONLY			TREASURER		
		•	Title of Officer		

Title of Officer