



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2012

**Filing Period:** September 1 - November 1 • This report must be typed or printed legibly.

**Filing Fee:** \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>149554</u>		2. Exact name of the limited liability company <u>MIKE TULLY BASKETBALL CAMP LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>BASKETBALL CAMP</u>			
5. Principal office address <u>41 Lugent Lane</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	
Contact Name <u>Michael Tully</u>		Contact Title <u>President and CEO</u>			
Street Address <u>41 Lugent Lane</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	
LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MANAGER NAMES FOR ATTACHMENT 1 <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<p style="text-align: center;"><b>STATE OF RHODE ISLAND</b></p> <p><b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.</b></p>					

**FILED**

AUG 17 2012

By [Signature]  
 CR # 1017

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 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.

Michael Tully 8-14-12  
 Signature of Authorized Person Date

Michael Tully  
 Print or Type Name of Authorized Person