

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	1,2-1501(e), each corpo	ration failing or refusing to file its ann	ual report within thirty (30) da	ys after the time prescribed by la	w (R.I.G.L. 7-1,2-1501(cod),	
1. Corporate ID No. 789667	2. Name of Corp CTTP, Inc.	2. Name of Corporation CTTP, Inc.				
3. Street Address Principal Business Office 202 Thames Street			City Newport	State RI	^{Ζφ} 02840	
4. Business Phone No. 5. State of Incorporation Rhode Island		5. State of Incorporation Rhode Island				
6. Brief Description of the Charac Web-based video subscr	ter of Business Conduc ription service des	ated in Rhode Island Signed for athletes.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Mario Llano			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Courtney Donaldson			
Street Address 202 Thames Street			Street Address 202 Thames Street			
City Newport	State RI	Ζφ 02840	Cuy Newport	State RI	^{Ζίρ} 02840	
Secretary Name Mario Llano			Treasurer Name Sue Butler			
Street Address 202 Thames Street			Street Address 111 Park Holm			
City Newport	State RI	^{Zip} 02840	City Newport	State RI	^{Zip} 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Mario Llano			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Courtney Donaldson			
Street Address 202 Thames Street			Street Address 202 Thames Street			
City Newport	State RI	Ζφ 02840	Cuy Newport	State RI	71p 02840	
Director Name None			Otrector Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	, 1	I		 <i>("X" BOX FOR ATTAC.</i> ECTION <u>MUST</u> BE COMPLETED	· · · · · · · · · · · · · · · · · · ·	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Common	No Par Value	
			•			
this report must be execute	ted on behalf of the	ne corporation by an authorized corporation by the receiver	or trustee. Under penalty of j includip	perjury, I declare and affirm oppanying schedules and st	that I have examined this	
File Date JUN	2.7 2013		signature	re true and correct	3-31-13	
Check No. By	mne	<u> </u>	Mario Llano			
Ву:	-4509	<u> </u>	Print or Type Name President	e		
FOR SECRETARY OF	STATE USE ONLY		TIL			

Title