



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 2013

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>RI</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>	
6. CONTACT INFORMATION FOR THE LIMITED LIABILITY COMPANY, IF APPLICABLE - TYPE OF CONTACT PERSON					
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>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 15 2013

By *MTC*
CA # 1037

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 8-13-13
Signature of Authorized Person Date

Michael Tully
Print or Type Name of Authorized Person