

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

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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. 162777	2. Exact name of the limited liability company PB Lacrosse, LLC				
3. State of Formation Rhode Island	1	cription of the charac e Sports Camp	cter of business conducted in Rhode	e Island	
5. Principal office address 235 Hope Street			City Providence	State RI	Zip 02912
6. MAILING ADDRESS OF	LIMITED LIABILE	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	destinas mademas
Contact Name Lars Tiffany			Contact Title Owner		
Street Address Po Box 2571			City Providence	State RI	Zip 02906
7. LIST <u>ALL</u> MANAGERS (婦("X"! BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMB
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
B RESIDENT AGENT IN FI	HODE ISLAND				
This information is assume	tly of record in the	Office of the Sect	etary of State. Changes require f	iling Form 642	

FILED	
OCT 2 4 20	Under penalty of perjury, I declare and affirm that I have examined this report, including any/accompanying schedules and statements,
Check No. 1/80	and that all statements contained herein are true and correct.
	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Lars Tiffany
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012