



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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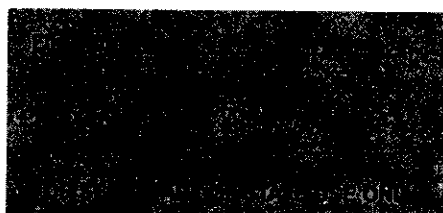
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 147672		2. Exact name of the Corporation SERVING PROVIDENCE ORGANIZED TENNIS, INC.			
3. Principal office address 85 Red Barn Lane		City East Greenwich		State RI	Zip 02818
4. Business Phone No. 401-884-5566		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Offering tennis services, lessons, organizing and/or operating tennis leagues, tournaments and other tennis related activities.					
President Name Marisa M. Salvadore			Vice-President Name Larry Sack		
Street Address 85 Red Barn Lane			Street Address 85 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Marisa M. Salvadore			Treasurer Name Marisa M. Salvadore		
Street Address 85 Red Barn Lane			Street Address 85 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Marisa M. Salvadore			Director Name		
Street Address 85 Red Barn Lane			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100		
			CLASS/SERIES Common		PAR VALUE \$1 par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

JAN 17 2014

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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.

Marisa M. Salvadore
Signature of Authorized Representative

1/1/14
Date

Marisa M. Salvadore

Print or Type Name of Authorized Representative