STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
101300	Sports Lending LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	SECURITIES

5. Principal office address	City	State	Zip
1 PROVIDENCE WASHINGTON PLAZA FL4	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MALCOLM G CHACE JR	

Street Address	City	State	Zip
1 PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
Malcolm G. Chace, Jr.	
Street Address	**Street Address**
1 Providence Washington Plaza	
City / State / Zip	**City / State / Zip**
Providence / RI / 02903	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
HASLAW, LLC	1500 FLEET CENTER
Address	**City / Zip**
ATTN: SECRETARY	PROVIDENCE 02903

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] *101300*

101300 DLLC10 FILED 10/11/2002 12:52 PM

File Date OCT 11 2002

Check No. by CC 146531

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Sandra Matrone Mack 10/10/02

Signature of Authorized Person *Date*

Sandra Matrone Mack, Sec., HASLAW, LLC

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02