

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 2015

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.		2. Exact name of the limited liability company				
797722	Mike Ma	rtin Basketball Sc	chool, LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Basketb	Basketball camp				
5. Principal office address 1 Ferrier Avenue			City Barrington	State RI	Zip 02806	
6. MAILING ADDRESS OF I	LIMITED LIABILI	TY COMPANY AND NA	AME OF TITLE OF CONTACT I	PERSON	The Control of the Co	
Contact Name Michael F. Martin			Contact Title Manager			
Street Address 1 Ferrier Avenue		City Barrington	State RI	Zip 02806		
7. LIST <u>ALL</u> MANAGERS (1 ("X" BOX FOR ATTACHN	NAMES AND ADD MENT) [RESSES) OF THE LII	MITED LIABILITY COMPANY, I	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Michael F. Martin			Manager Name	Manager Name		
Street Address 1 Ferrier Avenue	nganakan kan dan dan dan dan dan dan dan dan dan d		Street Address	WARANTA SANDA MARKATA SANDA MARKATA MA		
City Barrington	State RI	Zìp 02806	City	State	Zìp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	IODE ISLAND	A STATE OF THE STA			1	
This information is current	ly of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.		

FH.ED NOV 17 2015 A.A.

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements ontained herein are true and correct.		
Check No	Mely flot Signature of Authorized Porson		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Michael F. Martin, Manager		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012