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**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 |
|---|---|
| 509773 | BATASTINI SCHOOL OF BASKETBALL LLC |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island |
| RI | BASKETBALL INSTRUCTIONAL SCHOOL |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 42 RAVENSWOOD AVE | PROVIDENCE | RI | 02908 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| CHRISTINA SHEEHAN | PRESIDENT / FOUNDER | | |
| **Street Address** | **City** | **State** | **Zip** |
| 42 RAVENSWOOD AVE | PROVIDENCE | RI | 02908 |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐

| 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.**

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**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.**

Signature of Authorized Person — 11/25/15 Date

CHRISTINA SHEEHAN
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

128352-2-1082744