



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2016

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. 3906		2. Exact name of the Corporation The Centre Court LLC.			
3. Principal office address 55 Hospital Road		City East Prov.	State RI	Zip 02915	
4. Business Phone No. 401-437-1210		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Tennis Facility					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rebecca Quattrocchi			Vice-President Name NONE		
Street Address 55 Hospital Road			Street Address		
City East Prov.	State RI	Zip 02915	City	State	Zip
Secretary Name Barbara Quattrocchi			Treasurer Name		
Street Address 55 Hospital Road			Street Address		
City East Prov.	State RI	Zip 02915	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rebecca Quattrocchi			Director Name		
Street Address 55 Hospital Road			Street Address		
City East Prov.	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 300		CLASS/SERIES COMMON		PAR VALUE NO 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 08 2016

File Date

Check No.

By

BY **Ch 264912**

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.

Barbara Quattrocchi
Signature of Authorized Representative

1-8-16
Date

Barbara Quattrocchi
Print or Type Name of Authorized Representative