



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2014

2016 JUN 20 PM 1:03

Filing period: January 1 - March 1

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

1. Entity ID Number		2. Exact name of the Corporation				
000794282		TENNISTHUB INC				
3. Principal Office Address		City	State	Zip		
2 BRIDGHAM FARM RD		RUMFORD	RI	02916		
4. Business Phone Number		5. State of Incorporation				
401 383 5855		DE				
6. Brief description of the character of business conducted in Rhode Island						
BUSINESS SERVICES						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>		
President Name		Vice-President Name				
E. EDWARD ROSS		SAME				
Street Address		Street Address				
2 BRIDGHAM FARM RD						
City	State	Zip	City	State	Zip	
RUMFORD	RI	02916				
Secretary Name		Treasurer Name				
Street Address		Street Address				
City		State	Zip	City	State	Zip
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>		
Director Name		Director Name				
E. EDWARD ROSS						
Street Address		Street Address				
2 BRIDGHAM FARM RD						
City	State	Zip	City	State	Zip	
RUMFORD	RI	02916				
9. Shares Authorized		10. Shares Issued		Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
		10,000,000	COMMON	0.00001		
11. 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.						
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.						
Name of Authorized Representative				Date		
E. EDWARD ROSS				6/20/16		
Signature of Authorized Representative						
SIGN DOCUMENT HERE						

FILED

JUN 20 2016

BY CU 277061

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