



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000799247

2. Name of Corporation The Gail Sullivan Tennis Classic, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 75 JUNIPER DRIVE
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO BENEFIT THE DANA FABER CENTER INSTITUTE AND THE STUDENTS AND COMMUNITY OF THE RHODE ISLAND SCHOOL FOR THE DEAF

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHANNON M SULLIVAN	75 JUNIPER DR. NORTH KINGSTOWN, RI 02852 USA
SECRETARY	STEVEN D SULLIVAN	75 JUNIPER DR. NORTH KINGSTOWN, RI 02852 USA

VICE PRESIDENT	PATRICK A SULLIVAN	75 JUNIPER DR. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	STEVEN SULLIVAN	75 JUNIPER DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PATRICK SULLIVAN	75 JUNIPER DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SHANNON SULLIVAN	75 JUNIPER DRIVE NORTH KINGSTOWN, RI 02852 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SHANNON SULLIVAN 75 JUNIPER DRIVE NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of July, 2016 at 12:16:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SHANNON SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07