

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

2016 NOV - 1 AM 10: 13

Annual Report for the year: 2016 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
797722	Mike Martin Basketball School, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81 - Other Services (except Pub	Basketball camp				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zìp
1 Ferrier Avenue			Barrington	RI	02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael F. Martin			Contact Title Manager		
Street Address 1 Ferrier Avenue			City Barrington	State RI	^{Zip} 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael F. Martin			Manager Name		
Street Address 1 Ferrier Avenue			Street Address		
City Barrington	State RI	^{Zip} 02806	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person				Date	
Michael F. Martin, Manager				10/31/2	2016
Signature of Authorized Person					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEB

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FORM 632 - Revised: 08/2016