



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

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 790712		2. Exact name of the Limited Liability Company Susan Robinson Basketball Camp, LLC			
3. NAICS Code 51		4. Brief description of the character of business conducted in Rhode Island Basketball Camp			
5. State of Formation Rhode Island					
6. Principal Office Address One Cunningham Square		City Providence	State RI	Zip 02918	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Susan Kay Robinson Fruchtl			Contact Title Member		
Street Address 509 Baldwin Lane			City Hollidaysburg	State PA	Zip 16648
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
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 Susan Kay Robinson Fruchtl				Date 10/27/2016	
Signature of Authorized Person <i>Susan K. Robinson Fruchtl</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 31 2016

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