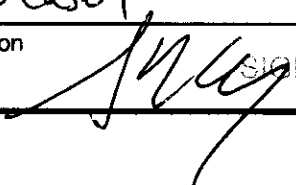




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><u>000789689</u>   |       | 2. Exact name of the Limited Liability Company<br><u>HL Sports LLC</u>  |                               |                         |     |
| 3. NAICS Code<br><u>61</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>educational consulting + athletic camps</u> |                               |                         |     |
| 5. State of Formation<br><u>RI</u>  |       |   |                               |                         |     |
| 6. Principal Office Address<br><u>1012 Anthony Rd</u>   |       | City<br><u>Portsmouth</u>   | State<br><u>RI</u>            | Zip<br><u>02871</u>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                               |                         |     |
| Contact Name<br><u>Sean W Casey</u>   |       |   | Contact Title<br><u>Owner</u> |                         |     |
| Street Address<br><u>1012 Anthony Rd</u>  |       | City<br><u>Portsmouth</u>   | State<br><u>RI</u>            | Zip<br><u>02871</u>     |     |
| 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.   |       |   |                               |                         |     |
| <b>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.</b> |       |   |                               |                         |     |
| Name of Authorized Person<br><u>Sean W Casey</u>  |       |   |                               | Date<br><u>10-28-16</u> |     |
| Signature of Authorized Person<br>   |       |   |                               | 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](http://www.sos.ri.gov)

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