## Annual Report for the year: 2017 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 RI Top Skills Hockey, LLC					
001668246	Kilop	Skills no	ckey, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
711719	operate a hockey camp					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
55 Pine Street, 5th Floor			Providence	RI	02903	
7. Mailing Address of Limited Lia	bility Compar	y and Name or Titl				
Contact Name Derek T. Army			Contact Title Authorized Member			
Street Address 315 Pride Farm Road			City Falmouth	State ME	<sup>Zip</sup> 04105	
8. List ALL managers (names ar	nd addresses	) of the Limited Liat	bility Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS	
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	
	<u>l</u>	L		Check the box to in	dicate an attachment	
Resident Agent in Rhode Islan	nd. This inform	ation is currently of re	cord with the Department of St	ate. Changes require filing	Form 642	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanying	schedules and	
Name of Authorized Person				Date		
Derek T. Army				12/2	12/20/2017	
Signature of Authorized Person						
STATISTICAL MERK						

MAIL TO:

**Division of Business Services** 

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

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

JAN 0 5 2018

BY 1010 KW