State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
MAR 02 2018
BY 4419

1. Entity ID Number	2. Exact name of the Corporation
17384	RALLY POINT RACQUET CLUB, INC.

3. Principal Office Address	City	State	Zip
15 Church Street	Greenville	RI	02828

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713940	operate indoor tennis club
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name: Brian Cavanagh
Street Address	Street Address: 610 Putnam Pike
City / State / Zip	City: Greenville / State: RI / Zip: 02828
Secretary Name: John D. Kane	Treasurer Name: John D. Kane
Street Address: 55 White Pine Drive	Street Address: 55 White Pine Drive
City: Scituate / State: RI / Zip: 02857	City: Scituate / State: RI / Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: John D. Kane	Director Name: Ruth Kane
Street Address: 55 White Pine Drive	Street Address: 627 Putnam Pike
City: Scituate / State: RI / Zip: 02857	City: Greenville / State: RI / Zip: 02828
Director Name: Anne Marie DeConti	Director Name: Brian Cavanagh
Street Address: 503 Great Road	Street Address: 610 Putnam Pike
City: Lincoln / State: RI / Zip: 02865	City: Greenville / State: RI / Zip: 02828

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3000	common	$1.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative: Timothy F. Kane — Date: 2/27/18

Signature of Authorized Representative: Timothy F. Kane

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

RALLY POINT RACQUET CLUB, INC.
#17384

8. List of Directors (names and address): Continued

Director Name:
Joseph DeAngelis

Address:
1 Citizens Plaza
Providence, RI 02903

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BY 14419