s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Com	inaniy		
Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>001049009</u>			
2. Exact Name of the Limited Liability Company <u>SJS SPORTS CAMPS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on <u>NAICS</u> can be found online.			
999999			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
4. Bhei Description of the Character of the Business which is Actually Conducted in Knode Island			
INSTRUCTIONAL SPORTS CAMP			
5. Principal Office Addre	55		
No. and Street: <u>C/O STEPHEN SANTONASTASO</u> 28 BULL STREET, #1			
City or Town: <u>NEWP</u>		State: <u>RI</u> Zip: <u>02840</u> C	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: STEPHEN SANTONASTASO Contact Title: OWNER/DIRECTOR			
No. and Street: 28 BULL STREET UNIT #1			
City or Town: <u>NEW</u>	<u>PORT</u> Sta	te: <u>RI</u> Zip: <u>02840</u> Co	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country
MANAGER	STEPHEN JUSTIN SANTONASTASO	7 BULL STREET	UNIT #2

NEWPORT, RI 02840 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEPHEN SANTONASTASO 7 BULL STREET, UNIT 2 NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of June, 2018 at 8:40:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEPHEN SANTONASTASO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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