	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	s Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
Limited Liability Con	npany		
Annual Report	Neversberg		
Filing Period: September 1	- November T		
	. 7-16-66(d), each limited liability com nin thirty (30) days after the time presc		
16-66(b&c)) is subject to a		nbed by law (R.I.G.L. 7-	
ANNUAL REPORT YEAR	: <u>2018</u>		
1. ID No. <u>00166824</u>	<u>6</u>		
2. Exact Name of the L	imited Liability Company <u>RI TOP</u>	SKILLS HOCKEY, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found		y. Download
<u>711219</u>			
4. Brief Description of the	he Character of the Business Which	n is Actually Conducted in Rho	
			ode Island
OPERATE A HOCKEY	<u>Y CAMP</u>		ode Island
OPERATE A HOCKEY 5. Principal Office Address			ode Island
5. Principal Office Addre	ess		ode Island
5. Principal Office Addresson No. and Street: <u>55 PI</u>	ess NE STREET, 5TH FLOOR	State: <u>RI</u> Zip: <u>02903</u> Cour	ode Island
5. Principal Office Addre No. and Street: <u>55 PII</u> City or Town: <u>PROV</u>	ess NE STREET, 5TH FLOOR		
5. Principal Office Addres No. and Street: 55 PII City or Town: PROV 6. Mailing Address of Lite	ess <u>NE STREET, 5TH FLOOR</u> <u>VIDENCE</u> imited Liability Company and Name		
5. Principal Office Address No. and Street: 55 PII City or Town: PROV 6. Mailing Address of Li Contact Name: DEREK No. and Street: 315 F	ess <u>NE STREET, 5TH FLOOR</u> <u>VIDENCE</u> imited Liability Company and Name <u>T. ARMY</u> Contact Title: <u>PRIDE FARM ROAD</u>	e or Title of Contact Person:	ntry: <u>USA</u>
5. Principal Office Address No. and Street: 55 PII City or Town: PROV 6. Mailing Address of Li Contact Name: DEREK No. and Street: 315 F	ess <u>NE STREET, 5TH FLOOR</u> <u>VIDENCE</u> imited Liability Company and Name <u>T. ARMY</u> Contact Title: <u>PRIDE FARM ROAD</u>	e or Title of Contact Person:	
5. Principal Office Address No. and Street: 55 PII City or Town: PROV 6. Mailing Address of Lit Contact Name: DEREK No. and Street: 315 F City or Town: FALM	ess <u>NE STREET, 5TH FLOOR</u> <u>VIDENCE</u> imited Liability Company and Name <u>T. ARMY</u> Contact Title: <u>PRIDE FARM ROAD</u> <u>MOUTH</u> State f Each Manager of the Limited Liab	e or Title of Contact Person:	ntry: <u>USA</u>
5. Principal Office Address No. and Street: 55 PII City or Town: PROV 6. Mailing Address of Lit Contact Name: DEREK No. and Street: 315 F City or Town: FALM 7. Name and Address of	ess <u>NE STREET, 5TH FLOOR</u> <u>VIDENCE</u> imited Liability Company and Name <u>T. ARMY</u> Contact Title: <u>PRIDE FARM ROAD</u> <u>MOUTH</u> State f Each Manager of the Limited Liab	e or Title of Contact Person:	ntry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD A. BOGUE, ESQ. 55 PINE STREET, 5TH FLOOR PROVIDENCE, RI 02903

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

Signed this 30 Day of November, 2018 at 10:27:30 AM 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 DEREK T. ARMY

Signature of Authorized Person

Form No. 632 Revised 09/07

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