



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | |
|--|---|---|--------------------|
| 1. Entity ID Number 400566 | | 2. Exact name of the Corporation ONE ON ONE BASKETBALL RHODE ISLAND INC. | |
| 3. Principal Office Address 127 Swan Road | | City Smithfield | State RI |
| | | Zip 02917 | |
| 4. NAICS Code 81 2910 | 6. Brief description of the character of business conducted in Rhode Island BASKETBALL TRAINING | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name FRANK J. LUCA | | Vice-President Name NANCY LUCA | |
| Street Address 127 SWAN ROAD | | Street Address 127 SWAN ROAD | |
| City SMITHFIELD | State RI | City SMITHFIELD | State RI |
| Zip 02917 | | Zip 02917 | |
| Secretary Name FRANK J. LUCA | | Treasurer Name FRANK J. LUCA | |
| Street Address 127 SWAN ROAD | | Street Address 127 SWAN ROAD | |
| City SMITHFIELD | State RI | City SMITHFIELD | State RI |
| Zip 02917 | | Zip 02917 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | 100 | COMMON |
| | | | NO PAR VALUE |
| 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 Frank J. Luca | | Date 2-23-19 | |
| Signature of Authorized Representative <i>Frank J. Luca</i> | | SIGN DOCUMENT HERE 2-23-19 FEB 27 2019 | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 3187 KM