



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED *02*
 JUN 10 2019
 RY 1307

1. Entity ID Number 527733		2. Exact name of the Corporation SPOT RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To foster local, national and international amateur sports competition, games.			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 85 Red Barn Lane			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence Sack			Vice-President Name Marisa M. Salvadore		
Street Address 85 Red Barn Lane			Street Address 85 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Marisa M. Salvadore			Treasurer Name Marisa M. Salvadore		
Street Address 85 Red Barn Lane			Street Address 85 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Laurence Sack			Director Name Marisa M. Salvadore		
Street Address 85 Red Barn Lane			Street Address 85 Red Barn Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Marisa M. Salvadore, Vice President				Date 5/21/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov