



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

Annual Report for the year: 2019

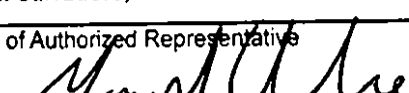
Corporation

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

FILED STAMP

AUG 19 2019

BY **1319-1318 OS**

1. Entity ID Number 000147672		2. Exact name of the Corporation SERVING PROVIDENCE ORGANIZED TENNIS, INC.										
3. Principal Office Address 85 Red Barn Lane		City East Greenwich	State RI									
		Zip 02818										
4. NAICS Code 711310	6. Brief description of the character of business conducted in Rhode Island Offering tennis services, lessons, organizing and/or operating tennis leagues, tournaments and other tennis related activities.											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Marisa M. Salvatore		Vice-President Name Marisa M. Salvatore										
Street Address 85 Red Barn Lane		Street Address 85 Red Barn Lane										
City East Greenwich	State RI	City East Greenwich	State RI									
Zip 02818		Zip 02818										
Secretary Name Marisa M. Salvatore		Treasurer Name Marisa M. Salvatore										
Street Address 85 Red Barn Lane		Street Address 85 Red Barn Lane										
City East Greenwich	State RI	City East Greenwich	State RI									
Zip 02818		Zip 02818										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Marisa M. Salvatore		Director Name										
Street Address 85 Red Barn Lane		Street Address										
City East Greenwich	State RI	City	State									
Zip 02818		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"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$1 par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$1 par value			
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100	Common	\$1 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 Marisa M. Salvatore, President		Date 8/19/19										
Signature of Authorized Representative 		SIGN DOCUMENT HERE										