



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

Annual Report for the year: **2019**

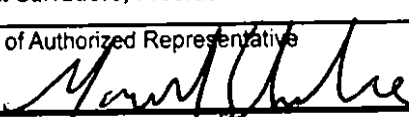
Corporation

- 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 ☐					
President Name Marisa M. Salvadore			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) Check the box to indicate an attachment ☐					
Director Name Marisa M. Salvadore			Director Name		
Street Address 85 Red Barn Lane			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			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. Salvadore, President					Date 8/19/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE