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	2. Exact name of the Corporation
000147672	SERVING PROVIDENCE ORGANIZED TENNIS, INC.

3. Principal Office Address	City	State	Zip
85 Red Barn Lane	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
711310	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	Date
Marisa M. Salvadore, President	8/14/19

Signature of Authorized Representative: Marisa M. Salvadore — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017