

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

FILED	ST.
AUG 2 3 2019	02
1917	•

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000149554	Mike Tuly BASKetbAN CAMP LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation							
Rhode Island BASKetball Camps 6. Principal Office Address City State Zip							
6. Principal Office Address			City	State	Zip _		
41 Lugent Line			BRISTOL	RI	02809		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Michael Tully			Contact Title Owner Operator President				
Street Address 41 lugent une		City BRISTOL	State R L	Zip 02809			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	r Name Manager Name						
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name Manager Name							
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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 Person			Date				
Michael Tully			8-19-19				
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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