



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001670808

2. Exact Name of the Limited Liability Company REDS SPORTS GROUP LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

711211

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE RHODE ISLAND REDS ARE RHODE ISLAND. FROM THE VERY BEGINNING, IT HAS BEEN ABOUT GIVING SOMETHING BACK TO THE COMMUNITY. THE REDS ARE NOT ONLY INVESTED IN THE SUCCESS OF THE CLUB, BUT THEY ARE ALSO INVESTED IN THE COMMUNITY.

THE REDS WANT TO DEMONSTRATE THAT SOCCER IS A HIGHLY DESIRABLE SPORT IN

RHODE ISLAND, A TREMENDOUS BUSINESS OPPORTUNITY FOR OWNERSHIP AND AFFILIATED PARTNERS, A MULTI-CULTURAL TOURISM ATTRACTION, AND A MUCH-NEEDED SOURCE OF PRIDE AND ENTHUSIASM FOR OUR COMMUNITY. THE RHODE ISLAND REDS FOOTBALL CLUB IS DEDICATED TO PROMOTING AND ENHANCING SUPPORT FOR SOCCER AMONGST FANS. WE ARE CURRENTLY THE TEAM THAT EVERY ASPIRING PLAYER IN RHODE ISLAND WANTS TO PLAY FOR. WE REFLECT DIVERSITY AND INCLUSIVENESS. WE DO THIS BY HAVING THE BEST COACHES AND SUPPORT STAFF AVAILABLE TO HELP THE PLAYERS CONTINUALLY IMPROVE AND THEREFORE HAVING THE RHODE ISLAND REDS FLOURISH AND RISE TO THE NEXT LEVEL OF SPORTS IN RHODE ISLAND.

5. Principal Office Address

No. and Street: 58 MANNING STREET
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KABBA D. JOOF Contact Title: CHAIRMAN
No. and Street: 58 MANNING STREET
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200
WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of October, 2019 at 11:37:20 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KABBA JOOF
Signature of Authorized Person

Form No. 632
Revised 09/07