

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 DEC -4 PM 3: 49

Annual Report for the year: 20/9
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.

	I					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
001007687	Tamburini Golf Performance Training LLC					
3. NAICS Code 611519	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
54 - Professional, Scientifi	To conduct personal training, golf performance training and any other purposes permitted by law.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
1312 Atwood Avenue			Johnston	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lisa M. Tamburini			Contact Title Member			
Street Address 100 Federal Way			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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					V	
Lisa Tamburini				7 /6/201 7		
Signature of Authorized Person - 3 GN 00000640 M1 (1978)						

MAIL TO:

Division of Business Services

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

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