

FILED



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

Annual Report for the year: **2020**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 20 2021
 1371A/JP

1. Entity ID Number 000147672		2. Exact name of the Corporation SERVING PROVIDENCE ORGANIZED TENNIS, INC.	
3. Principal Office Address 25 Pojac Point Road		City N. Kingstown	State RI
		Zip 02852	
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 <input type="checkbox"/>			
President Name Marisa M. Salvadore		Vice-President Name Marisa M. Salvadore	
Street Address 25 Pojac Point Road		Street Address 25 Pojac Point Road	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Marisa M. Salvadore		Treasurer Name Marisa M. Salvadore	
Street Address 25 Pojac Point Road		Street Address 25 Pojac Point Road	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Marisa M. Salvadore		Director Name	
Street Address 25 Pojac Point Road		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	Common
		PAR VALUE	\$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 2/10/20	
Signature of Authorized Representative 		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