



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.

FILED

FEB 20 2021

EV 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	Zip 02852	City N. Kingstown	State RI	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	Zip 02852	City N. Kingstown	State RI	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	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	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 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