



State of Rhode Island
Department of State - Business Services Division

FILED
 SEP 30 2020
 BY 1242
OOA

Annual Report for the year: 2020
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.

1. Entity ID Number <u>000149554</u>		2. Exact name of the Limited Liability Company <u>MIKE TULLY BASKETBALL CAMP LLC</u>			
3. NAICS Code <u>711120</u>		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation <u>Rhode Island</u>		<u>BASKETBALL CAMPS</u>			
6. Principal Office Address <u>41 Lugent Ave</u>			City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Michael Tully</u>			Contact Title <u>OWNER operator President</u>		
Street Address <u>41 Lugent Ave</u>			City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
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	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 <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>Michael Tully</u>				Date <u>9-26-2020</u>	
Signature of Authorized Person <u>Michael Tully</u>					

MAIL TO:
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