



**State of Rhode Island  
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:** 2020

**1. ID No.** 000509773

**2. Exact Name of the Limited Liability Company** BATASTINI SCHOOL OF BASKETBALL 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.

713940

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

THE BATASTINI SCHOOL OF BASKETBALL IS DEDICATED TO THE DEVELOPMENT OF YOUTH, COLLEGIATE, AND PROFESSIONAL BASKETBALL PLAYERS. THE COACHING STAFF AT THE BATASTINI SCHOOL OF BASKETBALL ENSURES AN UNRIVALED QUALITY AND LEVEL OF COACHING DESIGNED TO MAKE PLAYERS REACH THEIR BASKETBALL POTENTIAL. THE COACHING STAFF USES PROFESSIONAL, COLLEGIATE AND INTERNATIONAL COACHING TECHNIQUES DEVELOPED OVER THEIR PLAYING AND COACHING CAREERS. THROUGHOUT THE YEAR THE BATASTINI SCHOOL OF BASKETBALL OFFERS A VARIETY OF INDIVIDUAL AND GROUP SPECIALIZED WORKOUTS, CLINICS AND CAMPS INCLUDING THE ONLY BASKETBALL CAMPS IN RHODE ISLAND WHERE PLAYERS HAVE THEIR SHOTS AND GAMES VIDEO-TAPED AND ANALYZED BY THE COACHING STAFF. THE BATASTINI SCHOOL OF BASKETBALL IS THE ONLY CHOICE FOR ASPIRING BASKETBALL PLAYERS TO ATTAIN TOP-QUALITY INSTRUCTION FROM PROFESSIONAL COACHES.

**5. Principal Office Address**

No. and Street: 42 RAVENSWOOD AVENUE

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

Contact Name: Contact Title:  
No. and Street: 42 RAVENSWOOD AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02908 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
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHRISTINA SHEEHAN 42 RAVENSWOOD AVENUE PROVIDENCE , RI 02908

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

**Signed this 9 Day of October, 2020 at 1:49:14 PM 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 CHRISTINA SHEEHAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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