	State of Rhoo Office of the Secr		Fee: \$50.00
	Division Of Busin 148 W. Rive		
HOPE	Providence RI 0 (401) 222-		
Limited Liability Cor Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability c hin thirty (30) days after the time pro a penalty fee of \$25.00.		
ANNUAL REPORT YEAF	R: <u>2020</u>		
1. ID No. <u>00138288</u>	<u>89</u>		
2. Exact Name of the L	imited Liability Company CAA	SPORTS LLC	
3. State of Formation			
State: <u>CA</u>			
		I	
-	Code that best describes the prima pre information on <u>NAICS</u> can be fou	-	d by the entity. Download
<u>711410</u>			
4 Brief Description of (
4. Brier Description of t	he Character of the Business Wh	ich is Actually Cond	ucted in Rhode Island
ATHLETE AGENT RE		ich is Actually Cond	ucted in Rhode Island
	EPRESENTATION	ich is Actually Cond	ucted in Rhode Island
ATHLETE AGENT RE 5. Principal Office Addr No. and Street: 2000	EPRESENTATION	ich is Actually Cond	
ATHLETE AGENT RE 5. Principal Office Addr No. and Street: <u>2000</u> City or Town: <u>LOS</u>	EPRESENTATION ress AVENUE OF THE STARS	State: <u>CA</u> Zip: <u>9</u>	90067 Country: <u>USA</u>
ATHLETE AGENT RE 5. Principal Office Addr No. and Street: 2000 City or Town: LOS 6. Mailing Address of L Contact Name: Contact No. and Street: 2000	EPRESENTATION ress AVENUE OF THE STARS ANGELES imited Liability Company and Na	State: <u>CA</u> Zip: <u>State</u>	90067 Country: <u>USA</u>
ATHLETE AGENT RE 5. Principal Office Addr No. and Street: 2000 City or Town: LOS 6. Mailing Address of L Contact Name: Contact No. and Street: 2000 City or Town: LOS A	EPRESENTATION ress <u>AVENUE OF THE STARS</u> <u>ANGELES</u> .imited Liability Company and Na tt Title: <u>AVENUE OF THE STARS</u> <u>ANGELES</u> of Each Manager of the Limited L	State: <u>CA</u> Zip: <u>9</u> Ime or Title of Conta State: <u>CA</u> Zip: <u>9</u>	20067 Country: <u>USA</u> ct Person: 20067 Country: <u>USA</u>
ATHLETE AGENT RE 5. Principal Office Addr No. and Street: 2000 City or Town: LOS 6. Mailing Address of L Contact Name: Contact No. and Street: 2000 City or Town: LOS 6. Mailing Address of L Contact Name: Contact No. and Street: 2000 City or Town: LOS 7. Name and Address of	EPRESENTATION ress <u>AVENUE OF THE STARS</u> <u>ANGELES</u> .imited Liability Company and Na tt Title: <u>AVENUE OF THE STARS</u> <u>ANGELES</u> of Each Manager of the Limited L	State: <u>CA</u> Zip: <u>9</u> ame or Title of Conta State: <u>CA</u> Zip: <u>9</u> iability Company, if	20067 Country: <u>USA</u> ct Person: 20067 Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 21 Day of October, 2020 at 6:39:33 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 <u>KATERINA KRUMWIEDE</u> Signature of Authorized Person

Signature of Authorized Person

Form No. 632 Revised 09/07

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