	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Compa	ny		
Annual Report Filing Period: September 1 - No	ovember 1		
	6-66(d), each limited liability com irty (30) days after the time presc alty fee of \$25.00.		
ANNUAL REPORT YEAR: 20	20		
1. ID No. <u>001668246</u>			
2. Exact Name of the Limite	ed Liability Company <u>RI TOP</u>	SKILLS HOCKEY, LL	<u>C</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	e that best describes the primary formation on <u>NAICS</u> can be found	-	e entity. Download
<u>711219</u>			
4. Brief Description of the C	haracter of the Business Whicl	n is Actually Conducted i	in Rhode Island
OPERATE A HOCKEY CA	AMP		
5. Principal Office Address			
No. and Street:55 PINE SCity or Town:PROVIDI	<u>STREET, 5TH FLOOR</u> ENCE	State: <u>RI</u> Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Limite	ed Liability Company and Name	e or Title of Contact Pers	son:
	RMY Contact Title:		
No. and Street: 315 PRI	<u>DE FARM ROAD</u>		
		e: <u>ME</u> Zip: <u>04105</u>	Country: <u>USA</u>
No. and Street: 315 PRIE City or Town: FALMOU		·	
No. and Street: 315 PRIE City or Town: FALMOU 7. Name and Address of Ea	JTH State	·	able.

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

RICHARD A. BOGUE, ESQ. 55 PINE STREET, 5TH FLOOR PROVIDENCE, RI 02903

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

Signed this 5 Day of November, 2020 at 4:03:53 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>DEREK T. ARMY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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