State of Rhode Island

Department of State - Business Services Division

FILED

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BY 3531

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Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: $50.00

→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
400566	One on One Basketball RI Inc			
3. Principal Office Address		City	State	Zip
127 Swan Rd.		Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812910	Basketball training			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Frank J. Luca			Vice-President Name		
Street Address 127 Swan Rd.			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Frank J. Luca			Treasurer Name Frank J. Luca		
Street Address 127 Swan Rd.			Street Address 127 Swan Rd.		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	.01

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	Date
Frank J. Luca	2-15-21

Signature of Authorized Representative: Frank J. Luca

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615