



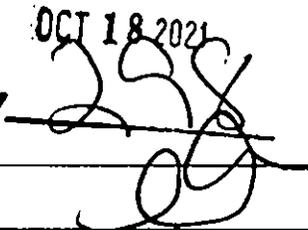
State of Rhode Island  
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2021  
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

**FILED**

OCT 18 2021

BY 

1. Entity ID No. 001336431		2. Exact name of the Limited Liability Company Grant Achilles Baseball, LLC			
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island sports instruction			
5. State of Formation Rhode Island					
6. Principal Office Address 307 Hope Street			City Providence	State RI	Zip 02906
7. Address of Limited Liability Company and Name or Title of Contact Person					
Grant D. Achilles					
Street Address 307 Hope Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS					
Manager Name Grant D. Achilles			Manager Name		
Street Address 307 Hope Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642					

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.

  
Signature of Authorized Person

SEPTEMBER 23, 2021  
Date

Grant D. Achilles  
Name of Authorized Person

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, RI 02904-2615  
Phone: 401.222.3040  
Website: www.sos.ri.gov