



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 09 2023

BY 717

1 Entity ID Number 1675610		2 Exact name of the Corporation CENTRE COURT TENNIS, INC.	
3 Principal Office Address 12 Owings Stone Road		City Barrington	State RI
		Zip 02806	
4 NAICS Code 713940	6 Brief description of the character of business conducted in Rhode Island Operation of tennis court and fitness facilities.		
5 State of Incorporation RI			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ben Zhang		Vice-President Name Ben Zhang	
Street Address 12 Owings Stone Road		Street Address 12 Owings Stone Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Ben Zhang		Treasurer Name Ben Zhang	
Street Address 12 Owings Stone Road		Street Address 12 Owings Stone Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9 Shares Authorized		10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		100	Common
			No Par
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 Ben Zhang, President		Date 3/3/23	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021