



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.

MAR 31 2023

16679

| 1. Entity ID Number<br>17384  |   | 2. Exact name of the Corporation<br>RALLY POINT RACQUET CLUB, INC.  |             |                  |                |           |      |        |        |  |  |  |
|---|---|---|-------------|------------------|----------------|-----------|------|--------|--------|--|--|--|
| 3. Principal Office Address<br>15 Church Street   |   | City<br>Greenville  | State<br>RI |                  |                |           |      |        |        |  |  |  |
|   |   | Zip<br>02828  |             |                  |                |           |      |        |        |  |  |  |
| 4. NAICS Code<br>713940   | 6. Brief description of the character of business conducted in Rhode Island<br>operate indoor tennis club |   |             |                  |                |           |      |        |        |  |  |  |
| 5. State of Incorporation<br>Rhode Island   |   |   |             |                  |                |           |      |        |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |             |                  |                |           |      |        |        |  |  |  |
| President Name<br>Timothy F. Kane   |   | Vice-President Name<br>Steven Cavanagh  |             |                  |                |           |      |        |        |  |  |  |
| Street Address<br>627 Putnam Pike   |   | Street Address<br>638 Shermantown Road  |             |                  |                |           |      |        |        |  |  |  |
| City<br>Greenville  | State<br>RI   | City<br>Saunderstown  | State<br>RI |                  |                |           |      |        |        |  |  |  |
| Zip<br>02828  |   | Zip<br>02874  |             |                  |                |           |      |        |        |  |  |  |
| Secretary Name<br>Anna Marie DeConti  |   | Treasurer Name<br>Diane M. Kane   |             |                  |                |           |      |        |        |  |  |  |
| Street Address<br>503 Great Road  |   | Street Address<br>55 White Pine Drive   |             |                  |                |           |      |        |        |  |  |  |
| City<br>Lincoln   | State<br>RI   | City<br>Scituate  | State<br>RI |                  |                |           |      |        |        |  |  |  |
| Zip<br>02865  |   | Zip<br>02857  |             |                  |                |           |      |        |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |             |                  |                |           |      |        |        |  |  |  |
| Director Name<br>Diane M. Kane  |   | Director Name<br>Ruth Kane  |             |                  |                |           |      |        |        |  |  |  |
| Street Address<br>55 White Pine Drive   |   | Street Address<br>627 Putnam Pike   |             |                  |                |           |      |        |        |  |  |  |
| City<br>Scituate  | State<br>RI   | City<br>Greenville  | State<br>RI |                  |                |           |      |        |        |  |  |  |
| Zip<br>02857  |   | Zip<br>02828  |             |                  |                |           |      |        |        |  |  |  |
| Director Name<br>Anne Marie DeConti   |   | Director Name<br>Brian Cavanagh   |             |                  |                |           |      |        |        |  |  |  |
| Street Address<br>503 Great Road  |   | Street Address<br>610 Putnam Pike   |             |                  |                |           |      |        |        |  |  |  |
| City<br>Lincoln   | State<br>RI   | City<br>Greenville  | State<br>RI |                  |                |           |      |        |        |  |  |  |
| Zip<br>02865  |   | Zip<br>02828  |             |                  |                |           |      |        |        |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>  |             |                  |                |           |      |        |        |  |  |  |
|   |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C: ASS/S: LIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3000</td> <td>common</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |             | NUMBER OF SHARES | C: ASS/S: LIES | PAR VALUE | 3000 | common | \$1.00 |  |  |  |
| NUMBER OF SHARES  | C: ASS/S: LIES  | PAR VALUE   |             |                  |                |           |      |        |        |  |  |  |
| 3000  | common  | \$1.00  |             |                  |                |           |      |        |        |  |  |  |
|   |   |   |             |                  |                |           |      |        |        |  |  |  |
| 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<br>Timothy F. Kane, President   |   | Date<br>3/22/23   |             |                  |                |           |      |        |        |  |  |  |
| Signature of Authorized Representative<br><i>Timothy F. Kane</i>  |   |   |             |                  |                |           |      |        |        |  |  |  |