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
166079

1. Entity ID Number	2. Exact name of the Corporation			
17384	RALLY POINT RACQUET CLUB, INC.			
3. Principal Office Address		City	State	Zip
15 Church Street		Greenville	RI	02828
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
713940	operate indoor tennis club			
5. State of Incorporation				
Rhode Island				

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

President Name: Timothy F. Kane			Vice-President Name: Steven Cavanagh		
Street Address: 627 Putnam Pike			Street Address: 638 Shermantown Road		
City: Greenville	State: RI	Zip: 02828	City: Saunderstown	State: RI	Zip: 02874
Secretary Name: Anna Marie DeConti			Treasurer Name: Diane M. Kane		
Street Address: 503 Great Road			Street Address: 55 White Pine Drive		
City: Lincoln	State: RI	Zip: 02865	City: Scituate	State: RI	Zip: 02857

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

Director Name: Diane M. Kane			Director Name: Ruth Kane		
Street Address: 55 White Pine Drive			Street Address: 627 Putnam Pike		
City: Scituate	State: RI	Zip: 02857	City: Greenville	State: RI	Zip: 02828
Director Name: Anne Marie DeConti			Director Name: Brian Cavanagh		
Street Address: 503 Great Road			Street Address: 610 Putnam Pike		
City: Lincoln	State: RI	Zip: 02865	City: Greenville	State: RI	Zip: 02828

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.	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	Date
Timothy F. Kane, President	3/22/23

Signature of Authorized Representative: Timothy F Kane

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021