



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

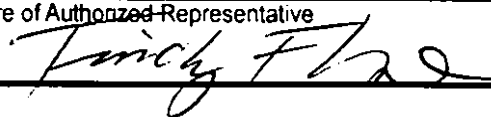
→ Filing period: February 1 - May 1

→ 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 17384		2. Exact name of the Corporation RALLY POINT RACQUET CLUB, INC.	
3. Principal Office Address 15 Church Street		City Greenville	State RI
		Zip 02828	
4. NAICS Code 713940	6. Brief description of the character of business conducted in Rhode Island 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	City Saunderstown	State RI
	Zip 02828		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	City Scituate	State RI
	Zip 02865		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	City Greenville	State RI
	Zip 02857		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	City Greenville	State RI
	Zip 02865		Zip 02828
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☒	
		NUMBER OF SHARES CLASS/SERIES 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 Timothy F. Kane, President			Date 3/22/23
Signature of Authorized Representative 			

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