



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUL 27 P 4:03

1. Entity ID Number 000799247		2. Exact name of the Corporation The Gail Sullivan Tennis Classic, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The entity benefits the Dana Farber Cancer Institute and Rhode Island School for the Deaf			
4. NAICS Code 813219					
6. Principal Office Address 50 Malden St. Apt. 216			City Boston	State MA	Zip 02118
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name SHANNON SULLIVAN			Vice-President Name PATRICK SULLIVAN		
Street Address 50 Malden St. Apt. 216			Street Address 366 Garden City Dr.		
City Boston	State MA	Zip 02118	City Cranston	State RI	Zip 02920
Secretary Name Steven Sullivan			Treasurer Name Patrick Sullivan		
Street Address 366 Garden City Dr.			Street Address 366 Garden City Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PATRICK SULLIVAN			Director Name STEVEN SULLIVAN		
Street Address 366 Garden City Dr.			Street Address 366 Garden City Dr.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name SHANNON SULLIVAN			Director Name		
Street Address 50 Malden St. Apt. 216			Street Address		
City Boston	State MA	Zip 02118	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Shannon Sullivan					Date 7/26/23
Signature of Officer/Authorized Representative 					

FILED

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

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