



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>000149554</u>		2. Exact name of the Limited Liability Company <u>MIKE TULLY BASKETBALL CAMP LLC</u>		
3. NAICS Code <u>611620</u>		4. Brief description of the character of business conducted in Rhode Island <u>BASKETBALL CAMP</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>41 Lugent Ave</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>Michael Tully</u>		Contact Title <u>President CEO</u>		
Street Address <u>41 Lugent Ave</u>		City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person <u>Michael Tully</u>			Date <u>2-13-2024</u>	
Signature of Authorized Person <u>Michael Tully</u>				

MAIL TO:

Division of Business Services

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