



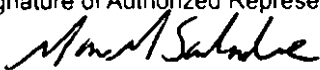
**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 25 2024
BY 1544

1. Entity ID Number 000147672		2. Exact name of the Corporation SERVING PROVIDENCE ORGANIZED TENNIS, INC.			
3. Principal Office Address 25 Pojac Point Road			City N. Kingstown	State RI	Zip 02852
4. NAICS Code 711310		6. Brief description of the character of business conducted in Rhode Island Offering tennis services, lessons, organizing and/or operating tennis leagues, tournaments and other tennis related activities.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marisa M. Salvadore			Vice-President Name Marisa M. Salvadore		
Street Address 25 Pojac Point Road			Street Address 25 Pojac Point Road		
City N. Kingstown		State RI	Zip 02852	City N. Kingstown	
Secretary Name Marisa M. Salvadore		Treasurer Name Marisa M. Salvadore			
Street Address 25 Pojac Point Road			Street Address 25 Pojac Point Road		
City N. Kingstown		State RI	Zip 02852	City N. Kingstown	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marisa M. Salvadore			Director Name		
Street Address 25 Pojac Point Road			Street Address		
City N. Kingstown		State RI	Zip 02852	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$1 par value
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 Marisa M. Salvadore, President					Date 3/6/24
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