



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

Annual Report for the year: 2024  
Corporation

**FILED**

APR 17 2024

BY 791  
DS

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

1. Entity ID Number <b>001675610</b>		2. Exact name of the Corporation <b>CENTRE COURT TENNIS, INC.</b>			
3. Principal Office Address <b>12 Owings Stone Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>713940</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operation of tennis court and fitness facilities</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ben Zhang</b>			Vice-President Name <b>Ben Zhang</b>		
Street Address <b>12 Owings Stone Road</b>			Street Address <b>12 Owings Stone Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Ben Zhang</b>			Treasurer Name <b>Ben Zhang</b>		
Street Address <b>12 Owings Stone Road</b>			Street Address <b>12 Owings Stone Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				No Par	
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. <b>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.</b>					
Name of Authorized Representative <b>Ben Zhang, President</b>					Date <b>4/6/24</b>
Signature of Authorized Representative <i>Ben Zhang</i>					

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