



State of Rhode Island  
Department of State - Business Services Division

Amf  
FILED

APR 14 2025

BY Conferm#

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FOR  
SECRETARY OF STATE  
USE ONLY

### Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Supreme Tournaments LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
NXTPRO SPORTS		
2. The LLC is organized under the laws of: NEBRASKA		
3. The date of its organization is: 06/30/2021		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Northwest Registered Agent LLC		
Street Address (NOT a P.O. Box) 700 Narragansett Park Dr STE 100		
City/Town Pawtucket	State RHODE ISLAND	Zip Code 02861
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Youth sports basketball tournaments		
Check the box to indicate an attachment <input type="checkbox"/>		

#### MAIL TO:

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

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

8800 Tralee Road Lincoln, NE 68520-1422

8. The mailing address for the limited liability company is:

PO Box 308 Bennett, NE 68317-0308

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

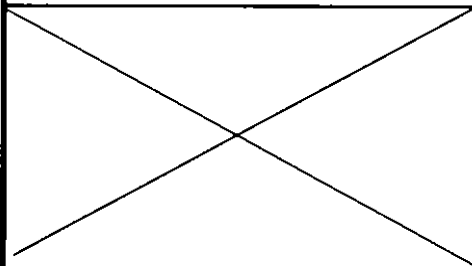
☒ Members (Owners)

DO NOT complete the chart below.

OR

☐

Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

Supreme Tournaments LLC

Date

04/14/2025

Signature of Authorized Person

*Brian Willet*

# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska               }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

## **SUPREME TOURNAMENTS, LLC**

**was duly formed under the laws of Nebraska on June 30, 2021;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not administratively dissolved the company;**

**the Company has not delivered to the Secretary of State for filing a Statement  
of Dissolution;**

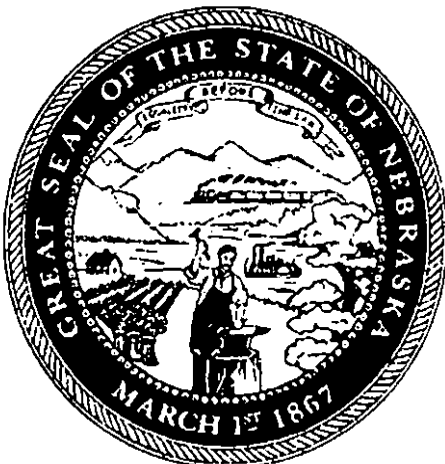
**a Statement of Termination has not been filed by the Secretary of State.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**April 1, 2025**



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 14, 2025 10:36 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

