RI SOS Filing Number: 202577106400 Date: 7/14/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUL 14 2025
BY
R.I. DEPT. OF STATE
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2025 JUL 14 P 1:44

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation		
000147672	SERVING PROVIDENCE ORGANIZED TENNIS, INC.		
3. Principal Office Address	City	State	Zip
25 Pojac Point Road	N. Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
711310	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 ☐

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	State: RI	Zip: 02852
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	State: RI	Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Marisa M. Salvadore			Director Name:		
Street Address: 25 Pojac Point Road			Street Address:		
City: N. Kingstown	State: RI	Zip: 02852	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Marisa M. Salvadore, President	7/16/25

Signature of Authorized Representative

Marisa M Salvadore

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

FORM 630- Revised. 12/2023