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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 APR -2 P 3: 20

Annual Report for the year: $\frac{2019}{}$ **Limited Liability Company**

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- -> Penalty: Additional \$25,00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
18. 1 (064548	ATHLETIC YOUTH ACADEMY LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1 71131()	We are a youth sports organization. Hosting events, leagues and other sporting events within the community. Providing an atmosphere for the youth in competitive sports to thrive.					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address	Office Address			State	- Zip	
9 GAGE ST			City PROVIDENCE	RI	02909	
					32333	
7. Malling Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MICHAEL TARDY			Contact Title DiRECTOR			
Street Address 9 GAGE ST			City PROVIDENCE	State RI	^{Zrp} 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Naπ.			Manager Name			
Street Address			Street Address			
Cit·	st		Dity 1	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Žip	City	State	Zip	
	<u>. </u>	<u> </u>	<u> </u>	Check the box to in	idicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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				Date	Date	
MICHAEL TARDY				3/30/20	3/30/20	
Signature of Authorized Person						
			 	 		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

APR - 2 2020

FORM 632 - Revised: 10/2017