



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001669548

2. Exact Name of the Limited Liability Company Athletic Youth Academy LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

711310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ATHLETIC YOUTH ACADEMY LLC IS ON AN INTENSE MISSION TO HELP YOUTH ATHLETES TAKE THEIR GAME TO THE NEXT LEVEL. WE PRIDE OURSELVES IN TEACHING OUR ATHLETES THE FUNDAMENTALS AND KNOWLEDGE OF SPORTS. OUR PHILOSOPHY IS THE "RELENTLESS PURSUIT OF EXCELLENCE", WHICH WE PLAN TO BE USED AS A FOUNDATION TO OUR ORGANIZATION. WE PLAN TO ENSURE THE YOUTH IN THE COMMUNITY HAVE THE OPPORTUNITY TO EXCEL AND IMPROVE THEIR SKILLS THROUGH EVENTS SUCH AS: OPEN GYM, SPORTS CLINICS, ACADEMIC GUIDANCE WORKSHOPS, COLLEGE RECRUITING SERVICES AND MUCH MORE. OUR GOAL IS TO PROVIDE ATHLETES WITH FUNDAMENTAL SKILLS TO EXCEL BOTH IN CLASS ROOMS AND SPORTS; THIS WILL GIVE THEM A HEAD START AT BEING A PRODUCTIVE CITIZEN AND UNDERSTANDING THE FUNDAMENTALS OF SUCCESS LONG AFTER THEIR ATHLETIC CAREERS.

5. Principal Office Address

No. and Street: 9 GAGE ST
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHAEL TARDY Contact Title: DIRECTOR
No. and Street: 9 GAGE STREET
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL TARDY 9 GAGE STREET PROVIDENCE , RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2020 at 9:33:15 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MICHAEL TARDY
Signature of Authorized Person

Form No. 632
Revised 09/07

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