State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
74573	Foot Locker Stores, Inc			
3. Street Address Principal Business Office		City	State	Zip
112 W. 34th St		NY	NY	10120
4. Business Phone No.	5. State of Incorporation			
717-972-3098				

6. Brief Description of the Character of Business Conducted in Rhode Island
Retail Stores

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Richard Mina	112 W. 34th St	NY	NY	10120

Vice President Name	Street Address	City	State	Zip
Robert McHugh	112 W. 34th ST	NY	NY	10120

Secretary Name	Street Address	City	State	Zip
Sheilagh Clarke	112 W. 34th St	NY	NY	10120

Treasurer Name	Street Address	City	State	Zip
John Maurer	112 W. 34th St	NY	NY	10120

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Peter Brown	112 W. 34th St	NY	NY	10120

Director Name	Street Address	City	State	Zip
Robert McHugh	112 W. 34th ST	NY	NY	10120

Director Name	Street Address	City	State	Zip
Richard Mina	112 W. 34th St	NY	NY	10120

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $1.00 Par Value		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1	Common	1.00

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.

[redacted] [redacted]

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.

Signature — *Date* 11/1/07

Sheilagh Clarke
Print or Type Name

[redacted] Secretary
Title

File Date **FILED**
Check No. DEC 03 2007
By: By 2025 1062

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Form 630 Rev. 12/06