

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 151743 PRICE ACQUISTION, LLC 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island SPORTING GOODS STORE 5. Principal office address 1000 MENDON ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MI CHAEL PRICE City City Contact Title MANAGER Street Address 75 HATHAWAY DRIVE City WEST WARWICK RI 0289 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS Manager Name MI CHAEL Manager Name Manager Name Manager Name Manager Name Manager Name	3		
3. State of Formation RHODE ISLAND SPORTING GOODS STORE City CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND RI 92864 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MI CHAEL PRICE City Contact Title MANAGER City State Contact Title MANAGER City WEST WARWICK RI 0289 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MI CHAEL Manager Name Manager Name Manager Name Manager Name	3		
RHODE ISLAND SPORTING GOODS STORE City CUMBERLAND RI 02864 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL PRICE City WEST WARWICK RI 0289 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE Manager Name Manager Name Manager Name	3		
5. Principal office address 1000 MENDON ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL PRICE Street Address 75 HATHAWAY DRIVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL Manager Name Manager Name Manager Name Manager Name	3		
CUMBERLAND RI 02864 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MI CHAEL PRICE Street Address 75 HATHAWAY DRIVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MI CHAEL T. PRICE Manager Name Manager Name Manager Name	3		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL PRICE Street Address 75 HATHAWAY DRIVE City WEST WARWICK RI 0289 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL Manager Name MICHAEL Manager Name Manager Name	3		
Contact Name MICHAEL PRICE Street Address 75 HATHAWAY DRIVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE Manager Name Manager Name	_		
MICHAEL PRICE MANAGER Street Address 75 HATHAWAY DRIVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE MANAGER MANAGER MEST WARWICK RI 0289 Manager Name Manager Name	_		
75 HATHAWAY DRIVE WEST WARWICK RI 0289 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE	_		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE	_		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name MICHAEL T. PRICE	Š		
Manager Name MICHAEL T. PRICE Manager Name	5		
Manager Name MICHAEL T. PRICE Manager Name			
MICHAEL T. PRICE			
	manager ivame		
Street Address 75 Hathe way DRIVE Street Address	Street Address		
City State Zip OS893 City State Zip			
Manager Name Manager Name			
Street Address Street Address	Street Address		
City State Zip City State Zip			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L., 7-16-11			
Agent Name Address	Address		
CRAIG J. WATKINSON, ESQ.			
Address City Zip			
931 JEFFERSON BOULEVARD, SUITE 2007 WARWICK 02886-			

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

File Date	FILED]
Check No.	NOV 8 0 2007	
Ву:	By Make	
F	OR SECRETARY OF STATE USE ONLY	

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.

Michael J. Psiel 11-1-C Signature of Authorized Person Date

Print or Type Name of Authorized Person