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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 2007

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			
162966	New England's Top 150 Lacrosse Camp Inc.			
3. Street Address Principal Business Office		City	State	Zip
285 Corys Lane		Portsmouth	RI	02871
4. Business Phone No.	5. State of Incorporation			
401-683-5029	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
College Recruiting Camp

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

President Name			Vice President Name		
Alfred W. Brown			William Ucci		
Street Address			Street Address		
285 Corys Lane			7 Luna Dr		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	New Paltz	NY	12561
Secretary Name			Treasurer Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Alfred W. Brown			William Ucci		
Street Address			Street Address		
285 Corys Lane			7 Luna Dr		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	New Paltz	NY	12561
Director Name			Director Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
200	no class	no par value	200	no class	no par value

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.

Alfred W. Brown 1/8/08
Signature *Date*

Alfred W. Brown
Print or Type Name

[redacted] Director
Title

File Date FILED
Check No. JAN 09 2008
By: By 1023 mnc
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Form 630 Rev. 12/06