



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. 115969		2. Name of Corporation Focus Marketing Group, Inc.			
3. Street Address Principal Business Office 1174 DOUGLAS AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-231-5500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ORGANIZE, PROMOTE AND PRODUCE SPORTING EVENTS IN CONNECTION WITH FUNDRAISING FOR CHARITABLE ORGANIZATIONS AND CORPORATIONS. TO ORGANIZE, PROMOTE AND PRODUCE SPORTING EVENTS FOR DIRECT PROFIT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD T. WEBSTER			Vice President Name RONALD T. WEBSTER		
Street Address 11 WOODCREST DRIVE			Street Address 11 WOODCREST DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name RONALD T. WEBSTER			Treasurer Name RONALD T. WEBSTER		
Street Address 11 WOODCREST DRIVE			Street Address 11 WOODCREST DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD T. WEBSTER			Director Name		
Street Address 11 WOODCREST DRIVE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$0.01 PAR VALUE			100	COMMON	NONE

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.

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

RONALD T. WEBSTER

Print or Type Name

PRESIDENT

Title

File Date	<b>FILED</b>
Check No.	<b>FEB 01 2009</b>
By:	<b>By 1110</b>
FOR SECRETARY OF STATE USE ONLY	