



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

2008

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

**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. 22553		2. Name of Corporation RUGBY IMPORTS, LTD.			
3. Street Address Principal Business Office 885 Warren Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-2727		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Importing, manufacturing and selling rugby equipment, sportswear and sporting goods					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Hoder			Vice President Name Mark Hoder		
Street Address 60 Adams Point Road			Street Address 8 Fairway Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Karen G. DelPonte			Treasurer Name Robert J. Hoder		
Street Address 56 Exchange Terrace			Street Address 60 Adams Point Road		
City Providence	State RI	Zip 02903	City Barrington	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	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 MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 par value		500	common	\$1.00

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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.

Robert J. Hoder 2/27/08  
Signature Date  
Robert J. Hoder  
Print or Type Name  
President  
Title

File Date **FILED**  
Check No. **FEB 29 2008**  
By: DS 4000  
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