

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.

| | (c&d)) is subject to a pe | nalty fee of \$25.00. | | (50) 4450 4 | ner the time presented by | |
|--|---------------------------|--|---|--|---------------------------|--|
| 1. Corporate ID No. 144482 | Finishline | Name of Corporation inishline Promotions & Manufacturing, Inc. | | | | |
| 27 Echo Lane | | | | State RI | Zip 02921 | |
| 4. Business Phone No. 943-4272 | | 5. State of Incorpo Rhode Islan | 0202,1 | | | |
| 6. Brief Description of the C To purchase, hold, s | sell operate and mana | ge real property | AME | | | |
| 2 resident Transe | RESSES OF THE OFFI | CE RS: ("X" BOX FOR | ATTACHMENT) THE IN Vice President Name | SPACES BEFORE USING | ATTACHMENTS | |
| Anthony Mercurio | | | Mark Mercurio | | | |
| Street Address 27 Echo Lane | | | Sireet Address 27 Echo Lane | | | |
| City Cranston | State RI | ^{Z⊕} 02921 | City Cranston | State RI | <i>Zip</i> 02921 | |
| Secretary Name Anthony Mercurio | | | Treasurer Name Mark Mercurio | | | |
| Street Address 27 Echo Lane | | | Street Address 27 Echo Lane | | | |
| City Cranston | State RI | ^{Zip} 02921 | City Cranston, | State RI | 2a 02921: € | |
| 8. NAMES AND ADDR | ESSES OF THE DIREC | TORS: ("X" BOX FO | <i>R ATTACHMENT)</i> [] FILL 1 | IN SPACES BEFORE USIN | G ATTACHMENTS () | |
| Director Name | | | Director Name | The second secon | | |
| Street Address | | | | | | |
| 2 to Simmone 1977 | | | Street Address | | | |
| City | State | Zip | City | State | Zip - | |
| *************************************** | | | ř | , carried and a second | N Est | |
| Director Name | | *************************************** | Director Name | | 5 | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Shares authoriz | ED-("X" BOX FOR A | TTACHMENT) 🗌 📑 | : 10. SHARES ISSURD | ("X" BOX FOR ATTACE | | |
| AUTHORIZED SHARES | | ************************************** | ISSUED SHARES — THIS SE | ECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 100 | | | 100 | common | none | |
| | | | 7 HIS SEA | STOP NUSIGE CT | Service Service A | |
| This report must be executive this report must be executive. | ecuted on behalf of the | corporation by an auth | orized representative. If the civer or trustee. | corporation is in the hands | of a receiver or trustee, | |

| | | including any accompanying schedules and state contained herein are true and operation. | hat I have examined this report, itements, and that all statements |
|---------------------------------|-------------|---|--|
| File Date | 18 28 18 31 | Muth Mar. | Z/29/8 |
| Siece No. 1852 | | Anthony Mercurio Print or Type Name | |
| FOR SECRETARY OF STATE USE ONLY | | -President | |