



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. 1672		2. Name of Corporation AVACORP, INC			
3. Street Address Principal Business Office 12 WHITEFORD ST.			City WARWICK	State R.I.	Zip 02889
4. Business Phone No. 401-737-0037		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF SPORTING GOODS AND EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANCIS H. KOWALIK JR			Vice President Name WILLIAM E. WILMOT JR		
Street Address 21 BIRDIE LANE			Street Address 32 HEDGEROW DR		
City COVENTRY	State R.I.	Zip 02816	City WARWICK	State R.I.	Zip 02886
Secretary Name LISA J. TUCKER			Treasurer Name FRANCIS H. KOWALIK SR		
Street Address 137 HEMLOCK AVE			Street Address 141 HEMLOCK AVE		
City WARWICK	State R.I.	Zip 02886	City WARWICK	State R.I.	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
6000	COMM	NO PAR VALUE	100	COMMON	NO PAR

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: [Signature] Date: 9/16/08  
Print or Type Name: FRANK KOWALIK JR  
Title: President

**FILED**  
File Date: SEP 24 2008  
Check No.: 1454  
By: [Signature]  
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