

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 2009

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. 43176	Capwell Sport C	2. Name of Corporation Capwell Sport Center, Inc.				
3. Street Address Principal Business Office 35 Pilgrim Avenue			City Coventry	State RI	Zip 02816	
4. Business Phone No. 4018213211 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Sale and Repair of Boats ar	of Business Conducted in R nd Sporting Goods	bode Island				
7. NAMES AND ADDRESSES	-	("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name David Capwell			Vice President Name David Capwell			
Street Address			Street Address			
35 Pilgrim Avenue			35 Pilgrim Avenue			
Coventry	State RI	02816	City Coventry	State RI	^{Zip} 02816	
Secretary Name David Capwell			Treasurer Name David Capwell			
Street Address 35 Pilgrim Avenue			Street Address 35 Pilgrim Avenue			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT			. –	N SPACES BEFORE USIN	E	
David Capwell			Director Name			
Street Address			Street Address			
35 Pilgrim Avenue City State Zip						
Coventry	RI	02816	City	State	Zip	
Director Name	⁷	f	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			: 10. SHARES ISSUED	 ("X" BOX FOR ATTAC	 HMENT)	
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	common	none	
-				_		
This report must be executed of	on behalf of the corpo	oration by an authorize	d representative. If the c	orporation is in the hand	is of a receiver or trustee,	
this report must be executed or	n behalf of the corpor	ration by the receiver of	or trustee.			
			Under penalty of p	erjury, I declare and affirm	that I have examined this report	
			including any accordant	mpanying schedules and sta	atements, and that all statements	
File Date 2-26	-09			te the ana correct.	7-22-00	
419	7		Signature	· · · · ·	Date	
Check No.			David Capwe	ell		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President			
			Title		Form 630 Rev. 08/08	