



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 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. 159503		2. Name of Corporation Clubsports USA Inc.			
3. Street Address Principal Business Office 25 Parker Avenue			City Newport	State RI	Zip 02842
4. Business Phone No. (401) 619-2146		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to export sporting goods to the Netherlands and an other legal purpose					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gwen de Graaf			Vice President Name Gwen de Graaf		
Street Address Zonstraat 59			Street Address Zonstraat 59		
City 3454 AE De Meern	State Netherlands	Zip	City 3454 AE De Meern	State Netherlands	Zip
Secretary Name Mirka Ondris			Treasurer Name Mirka Ondris		
Street Address 25 Parker Avenue			Street Address 25 Parker Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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 10	Class/Series common	Par Value none
			THIS SECTION MUST BE COMPLETED		

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.

FILED	
File Date	MAR 08 2009
Check No.	
By: 470	
FOR SECRETARY OF STATE USE ONLY	

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: Mirka Ondris Date: 2/27/2009
Print or Type Name: Mirka Ondris
Title: President