STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***James R. Langevin**, Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109201

2. Name of Corporation Jerry D Entertainment, Inc.

3. Street Address Principal Business Office 50 Exchange Terrace, Suite 320

City Providence *State* RI *Zip* 02903

4. Business Phone No. (401) 453-0550

5. State of Incorporation RHODE ISLAND

6. SIC Code N/A

7. Brief Description of the Character of Business Conducted in Rhode Island

Promotion of Athletics

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Jerry L. DeGregorio
Street Address 50 Exchange Terrace, Suite 320
City Providence *State* RI *Zip* 02903

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Jerry L. DeGregorio
Street Address 50 Exchange Terrace, Suite 320
City Providence *State* RI *Zip* 02903

Treasurer Name Jerry L. DeGregorio
Street Address 50 Exchange Terrace, Suite 320
City Providence *State* RI *Zip* 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600		No par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

File Date: JAN 07 2003

Check No.: [redacted]

By: [redacted]

FOR SECRETARY OF STATE USE ONLY 89776

[redacted]

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.

Jerry DeG — May 14, 02
Signature of Officer *Date*

Jerry L. DeGregorio
Print or Type Name of Officer

President
Title of Officer

Form 31.12/96