

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.

I. Corporate ID No. 145763	2. Name of Corporation Heirloom Sports, Inc.				
3. Street Address Principal Business Office 580 Thames Street			City Newport	State RI	<i>Σip</i> 02840
4. Business Phone No. 5. State of Incorpora Rhode Island		ion			
5. Brief Description of the Character	of Business Conducted	in Rhode Island	eational products and relate	d good and products	
			TTACHMENT) TILL IN		ATTACHMENTS
President Name			Vice President Name		
Thomas B. Speare			David Golden		
Street Address 580 Thames Street			Street Address 51 Melcher Street		
<i>Cit</i> y·	State	Zip	City	State	Zip
Newport	RI	02840	Boston	MA	02210
Secretary Name Tobias Lederberg			Treasurer Name		
Street Address			Street Address		
50 Kennedy Plaza, Ste. 1500					<u> </u>
City	State	Zip	City	State	Zip 🚍
Providence	RI	02903	ATTACKARATA) - EIII I	 N SPACES BEFORE USIN	1 1
8. NAMES AND ADDRESSE. Director Name	5 OF THE DIREC	IORS: (A BOA FOR	Director Name	SPACES BEFORE USIN	G ATTACHDENTS ,
David Golden			Thomas B. Speare		
Street Address			Street Address		
51 Melcher Street	•	T	580 Thames Street		**
City Boston Director Name	State MA	^{Zip} 02210	City Newport Director Name	State RI	02840
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	("X" BOX FOR A	TTACHMENT)		("X" BOX FOR ATTAC	
AUTHORIZED SHARES Number of Shares Class/Series Par Value		ISSUED SHARES — THIS SI Number of Shares	Class/Series	Par Value	
•	Chisyseries			_	
180,000	Common	\$0.001	63,000	Common	\$0.001
20,000 Series A	Preferred	\$0.001	3,000	Preferred	\$0.001
,			orized representative. If the		
this report must be executed				corporation to in the name	y of a receiver of frances
•					
			Under penalty of	perjury, I declare and affirm	that I have examined this r
				companying schedules and st	atements, and that all state
EHER			contained herein	are true and correct.	5-29.
File Date FILED		-	Signature		Date
Check No. JUN 0 2 2009	9		Tobias Lede	rhera \	
- m/\/	11		Print or Type Nam		
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Dy JUI O'	7.	- (Secretary		

Title