



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. 70187		2. Name of Corporation SPORTS LEGENDS Pub, LTD			
3. Street Address Principal Business Office 2121 WESTSHORE RD		City WARWICK	State R.I.	Zip 02889	
4. Business Phone No. 401-738-0139		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SPORTS Pub - BV-104					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HENRY F VERMETTE SR.			Vice President Name CONSTANTINA M VERMETTE		
Street Address 18 JOHN ST.			Street Address 18 JOHN ST.		
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02889
Secretary Name CONSTANTINA M Vermette			Treasurer Name CONSTANTINA M Vermette		
Street Address 18 John ST			Street Address 18 John ST		
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000 + 1000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			500 SHARES	NO PAR VALUE	NONE
			500 SHARES	NO PAR VALUE	NONE

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**

**NOV 24 2009**

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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 Henry F Vermette Sr Date 11-02-09  
Print or Type Name HENRY F VERMETTE SR.  
Title PRESIDENT