

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 2010

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(ccdd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation		_		
1672 AVACORP TINC  3. Street Address Principal Business Office Giv State 1 Zip					
12 WHITFO			WARWICK	State R. L.	02 88 9
4. Business Phone No. 5. State of Incorporation					
6. Brief Description of the Character of Business Conducted in Rhode Island					
RETAIL SALES OF SPORTIAGE GOODS,					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
FRANCIS H. KOWALIK JR			Vice President Name		
			Street Address		
Street Address 655 CLEARVIEW PR			32 HEDGEROW DR		
City WEST KINGSTON Secretary Name	State R./.	02892 02892	City WARWICH Treasurer Name	State R-/.	2ip 02886
LISA I. KOWALIK			FARNCIS H. KOWALIK SR		
Street Address  131 HEMLOCK FVE  City  UNDANICK State R. 1. Zip 02886			Street Address 141 HEMLOCK AVE		
Cuy w prwick	State R. )	Zip 02886	Gily w Apwick	State 81	Zip 886
8. NAMES AND ADDRESSES	I OF THE DIRECTO	 RS:	: ACHMENT) [☐ FILL IN S	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zij)
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					 MENT) []
1000 COMM. NO PAR VALUE			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			Number of Shares	Class/Series	Par Value
instruction sheet.			100	Common	NO FAL
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.					
unis report must be executed	on behalf of the cor	poration by the receiver of	or trustee.		
			Under penalty of per-	ury, I declare and affirm tha	t I have examined this report
		_	including any accom-	panying schedules and state	
			contained hepein are	true and correct.	- 20 .4
File Date FLED	·		Signature	/ · · · · · · · · · · · · · · · · · · ·	7-29-10 Date
Check No. AUG 12 2010 FARNER H. KOWACIK TR					
By: By / De Print or Type Name  OwnER PRES					
FOR SECRETARY OF ST	TATE USE ONLY	_	Title	IKES	×
		<del></del>			Form 630 Rev. 08/08