

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 2011

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	—	utiting or rejusing to jue us an	nual report within thirty (30) a	lays after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 537630	2. Name of Corporation Alpine Ski & Sports, Inc.				
3. Street Address Principal Business Office 50 Maple Street			WARWICK	State RI	Zip 02888
4. Business Phone No. 401-884-7008 5. State of Incorporation Rhode Island					
TO OPERATE AS A REST	of Business Conducted in . AURANT.	Rhode Island			201
7. NAMES AND ADDRESSES President Name	S OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS!
Richard H. Sceery, Jr.  Street Address			Brian Singman		RESERVED AND AND AND AND AND AND AND AND AND AN
50 Maple Street			Street Address 50 Maple Street		7 ARY
Warwick	State RI	<sup>Zip</sup> 02888	City <b>Warwick</b>	State Rf	202888cs [7]
Richard H. Sceery, Jr.			Treasurer Name Brian Singman	·····	2 < A
Street Address 50 Maple Street			Street Address 50 Maple Street		
City Warwick	State RI	<sup>Дір</sup> 02888	City Warwick	State RI	Zip 02888
8. NAMES AND ADDRESSES  Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	FACHMENT) TILL II Director Name	N SPACES BEFORE USING	l l
Street Address			Street Address		
			Sired Address		
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of			ISSUED SHARES — THIS SE  Number of Shares	CTION MUST BE COMPLETED  Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	Common	No Par Value
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.					
Under penalty of perjury I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all stater					
File Date					
Check No. JAN 277 28111					
12	5886 11.2	1	Richard H. Sceery, Jr.		
FOR SECRETARY OF STA		·	President		
Title					Form 420 b 09/00