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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

AMENDED

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
75218	THE BIG NEW ENGLAND FOOTBALL CLINIC, INC.		
3. Principal office address: 23 Sycamore Drive	City: Westerly	State: RI	Zip: 02891
4. Business Phone No.: 401-783-6602	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Yearly football clinic; youth pro-instruction; development; networking; etc.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Keith Kenyon			Vice-President Name: Terrence M. Lynch		
Street Address: 23 Sycamore Drive			Street Address: 230 Curtis Corner Road		
City: Westerly	State: RI	Zip: 02891	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Keith Kenyon			Treasurer Name: Terrence M. Lyncy		
Street Address: 23 Sycamore Drive			Street Address: 230 Curtis Corner Road		
City: Westerly	State: RI	Zip: 02891	City: Wakefield	State: RI	Zip: 02879

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Keith Kenyon			Director Name: Terrence M. Lynch		
Street Address: 23 Sycamore Drive			Street Address: 230 Curtis Corner Road		
City: Westerly	State: RI	Zip: 02891	City: Wakefield	State: RI	Zip: 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	CNP	0

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 15 2012
BY 163554 11:17

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.

Keith Kenyon — 2/10/12
Signature of Authorized Representative — Date

KEITH KENYON
Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 FEB 15 AM 11:17

Form No. 630
Revised: 01/2012

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 15, 2012 11:17 AM

A. RALPH MOLLIS

Secretary of State

73264-1-716131