



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

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. 707580		2. Exact name of the Corporation Wide World of Indoor Sports South, Inc.		
3. Principal office address 621 Pound Hill Road Bldg. 200		City North Smithfield	State RI	Zip 02896
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operation of an indoor sports facility				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Stephen L. Sangermano		Vice-President Name Dan R. Fawcett		
Street Address 18 Red Brook Crossing		Street Address P.O. Box 7725		
City Lincoln	State RI	Zip 02865	City Cumberland	Zip 02864
Secretary Name Stephen L. Sangermano		Treasurer Name Dan R. Fawcett		
Street Address 18 Red Brook Crossing		Street Address P.O. Box 7725		
City Lincoln	State RI	Zip 02865	City Cumberland	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	Common	Without

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

MAR 13 2012

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]
Signature of Authorized Representative

3/11/12
Date

Dan R. Fawcett
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY