



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155811		2. Exact name of the Corporation Ultimate Sports Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island In their Athletic, educational and professional life skills Organize design the use of sports to assist young people			
5. Principal office address		City	State	Zip	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jerilyn Johnson		Vice-President Name Delores Farrow			
Street Address 587 Alameda Street		Street Address 5 Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Tameka Bellamy		Treasurer Name Shannon Perry			
Street Address 47 Dora Street		Street Address 49 Woodbine Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin Shepard		Director Name Calvin Johnson			
Street Address 50 Dora Street		Street Address 17 Evergreen Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
Director Name Gene Paul		Director Name			
Street Address 41 Riggs Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED 1220

File Date
 Check No
 By
FOR SECRETARY OF STATE USE ONLY

NOV 09 2012

BY **103007**

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.

Delores Farrow 11-8-2012
 Signature of Officer Date

Delores Farrow - Vice President
 Print or Type Name of Officer

Vice President
 Title of Officer