



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 2013**

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. 228979		2. Exact name of the Corporation MAC Athletics, Inc.			
3. Principal office address c/o Capuzziello & Associates, 2364 Diamond Hill Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 334-0570			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Professional sports services/marketing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name and Chief Scientific Officer Michael Campell			Vice-President Name None		
Street Address c/o Capuzziello & Associates, 2364 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Felicia Voccio			Treasurer Name Michael Campell		
Street Address c/o Capuzziello & Associates, 2364 Diamond Hill Road			Street Address c/o Capuzziello & Associates, 2364 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01

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 SECRETARIAT OF STATE  
 CORPORATIONS DIV

*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: \_\_\_\_\_

**FILED**

MAR 06 2013

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 of Authorized Representative \_\_\_\_\_ Date February 2013

Michael Campbell, President

Print or Type Name of Authorized Representative

BY CA 191903

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