



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 000397180		2. Exact name of the Corporation DHD Soccer, Incorporated	
3. Principal office address 39 Allston Avenue		City Middletown	State RI
		Zip 02842	
4. Business Phone No. 401 225 1544		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Soccer training for players and coaches.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name David J. Kolator		Vice-President Name Seth D. Kolator	
Street Address 39 Allston Avenue		Street Address 39 Allston Avenue	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name Daryl G. Kolator		Treasurer Name David J. Kolator	
Street Address 39 Allston Avenue		Street Address 39 Allston Avenue	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1,000	STK
		0.0100	

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 BY _____

FILED

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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

David J. Kolator

Print or Type Name of Authorized Representative

15 March 2013
Date