



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 2014

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. 158115		2. Exact name of the Corporation BLUE FISH BOWL VOLLEYBALL CLUB, INC.			
3. Principal office address 200 ROGER WILLIAMS AVE., UNIT #207			City RUMFORD	State RI	Zip 02916
4. Business Phone No. 401-864-0391			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SPORTS MANAGEMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANNE MARIE J. BALBONI			Vice-President Name ANNE MARIE J. BALBONI		
Street Address 200 ROGER WILLIAMS AVE., UNIT #207			Street Address 200 ROGER WILLIAMS AVE., UNIT #207		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name ANNE MARIE J. BALBONI			Treasurer Name ANNE MARIE J. BALBONI		
Street Address 200 ROGER WILLIAMS AVE., UNIT #207			Street Address 200 ROGER WILLIAMS AVE., UNIT #207		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
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
			1,000	CWP	\$0.01

2014 JAN 27 PM 12:11
 SECRETARY 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 _____ **FILED**
 Check No _____
 By: _____ **JAN 27 2014**
 FOR SECRETARY OF STATE USE ONLY
 By: 215819

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 _____ Date _____
ANNE MARIE J. BALBONI
 Print or Type Name of Authorized Representative