



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. 66788		2. Exact name of the Corporation Anderson's Ski & Dive Center, Inc.			
3. Principal office address 5865 Post Road		City East Greenwich		State RI	Zip 02818
4. Business Phone No. 401/884-1310		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To sell, manufacture, consign & mail order ski and/or scuba gear or any related sporting goods items.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gary F. Anderson			Vice-President Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Gary F. Anderson			Treasurer Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gary F. Anderson			Director Name Christine M. Anderson		
Street Address 76 Forest Avenue			Street Address 76 Forest Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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
			150	common	no par value

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
FEB 14 2014

Check No _____

By: _____

BY 18928

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

Gary F. Anderson, President

Print or Type Name of Authorized Representative