



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 **2015**

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. 707580		2. Exact name of the Corporation North Kingston Indoor Sports, Inc.						
3. Principal office address 621 Pound Hill Road Bldg 200		City North Smithfield	State RI	Zip 02896				
4. Business Phone No. (401) 767-1234		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Operation of an indoor sports facility								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Stephen L. Sangermano			Vice-President Name Dan R. Fawcett					
Street Address 19 Red Brook Crossing			Street Address P.O. Box 7725					
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864			
Secretary Name Stephen L. Sangermano			Treasurer Name Dan R. Fawcett					
Street Address 19 Red Brook Crossing			Street Address P.O. Box 7725					
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name			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
						1,670	Class A Common	No par
						330	Class B Common	No par

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

FILED

FEB 04 2015

BY

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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

1/23/15
Date

Dan R. Fawcett

Print or Type Name of Authorized Representative