

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

20 Cedar Swamp Rd. Smithfield State of Incorporation RI State Sporting Goods Retail LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Donald G. Falcone Jr. Street Address 114 Ridge Rd. Street Address 114 Ridge Rd. State State Zip Smithfield RI 22917 City Smithfield RI 22917 City State Zip Donald G. Falcone Donald G. Falcone Street Address Street Address 147 Whipple Rd. Y Smithfield RI 23917 City Mhipple Rd. Y State Zip City Mipple Rd. Y State Zip City Mipple Rd. Y State Zip City State Zip Donald G. Falcone Donald G. Falcone Donald G. Falcone Street Address Fine State Zip Director Name Di	. Entity ID No. 91005		2. Exact name of the Corporation DON FALCONE SPORTS ENTERPRISES, INC.				
RI Sporting Goods Retail 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Donald G. Falcone Street Address 114 Ridge Rd. A17 Whilpple RD. Street Address 114 Ridge Rd. Street Address 115 Ridle Street Address 116 Ridle Street Address 117 Whilpple Rd. Street Address 118 Ridle Street Address Street Address 119 Ridle State Street Address S	Principal office address Cedar Swamp Rd.					Zip 02917	
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Street Address Str			ss conducted in Rhode Isla	nd			
Vice-President Name Donald G. Falcone Street Address Street Addre	7. LIST ALL OFFICERS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT			
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Smithfield RI 02917 Smithfield RI 02917 Smithfield RI 02917 Secretary Name Donald G. Falcone Jr. Treasurer Name Donald G. Falcone Jr.							
Donald G. Falcone Street Address 147 Whipple Rd. City Smithfield Ri 02917 City Smithfield Ri 02917 S. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address City State Zip Director Name Director Name Street Address City State Zip City State Zip Director Name Street Address Street Address City State Zip Director Name City State Zip Director Name Street Address City State Zip Director Name	Smithfield					Zip 02917	
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Director Name Director Name Director Name Director Name							
Street Address Street Address Street Address Street Address Director Name Director Name Director Name Street Address NUMBER OF SHARES CLASS-SERIES PAR VALUE 200 COMMON NO PAI This report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have exant this report, including any accompanying schedules and street and that all statements contained berein are true and street. Signature of Authorized Representative Date Signature of Authorize	3. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
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