



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. <b>91005</b>		2. Exact name of the Corporation <b>DON FALCONE SPORTS ENTERPRISES, INC.</b>		
3. Principal office address <b>20 Cedar Swamp Rd.</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401-232-3609</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Sporting Goods Retail</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Donald G. Falcone</b>		Vice-President Name <b>Donald G. Falcone Jr.</b>		
Street Address <b>147 Whipple Rd.</b>		Street Address <b>114 Ridge Rd.</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	Zip <b>02917</b>
Secretary Name <b>Donald G. Falcone Jr.</b>		Treasurer Name <b>Donald G. Falcone</b>		
Street Address <b>114 Ridge Rd.</b>		Street Address <b>147 Whipple Rd.</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smitnfield</b>	Zip <b>02917</b>
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	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	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: \_\_\_\_\_

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.

*Donald Falcone Jr.* 2/23/15  
 Signature of Authorized Representative Date

**Donald Falcone Jr.**  
 Print or Type Name of Authorized Representative

**FILED**

**FEB 25 2015**

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