

## STATE OF RHODE IS. D 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 - Filing Fee: \$50.00 • FAIL				LT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		e of the Corporation				
148150		City Spor	ts, the			
3. Principal office address	ination	4	Boston	State M A	zip 02114	
4. Business Phone No.				ware_		
6. Brief description of the character Sporting		conducted in Rhode Island	•			
7. LIST ALL OFFICERS (NAMES						
President Name	SOCO ( A BOX FOR AL	Vice-President Name		Maria Cara and Cara		
Edward Albert						
77 N. Washing	on St		Street Address			
Boston	State	2ip 02114	City	State	Zip	
Secretary Name Andrew Almanist			Treasurer Name Andrew Amoust			
Street Address 77 N. Washinato	m St		I Street Address	shington St	_	
Boston 8	State	2ip 02114	City Boston	State MA	zip 02114	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
Tom Stemberg, H	igh land	Consumer Fund	Director Name  Alex Alim	anestianu		
Street Address  Die broadway	6th Flo	<b>70</b>	Street Address	n Plaza, 4th	Floor	
Cam bridge	State MA	Zip D2142	City New York	State V Y	<sup>Zip</sup> /800 l	
Director Name Faward Albert		Director Name Martin Hanaka				
Street Address 77 North Washington St			Street Address 1627 SE 7th St			
Boston	State MA	D2114	Ft. Lauderd		Zip 33316	
9. SHARES AUTHORIZED		and the second s	<del></del>	1	HMENT)	
This information is currently of r	ecord in the C	Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
of State. Changes require an add See Section 9 of instruction shee		·	22,193,996	YNY	10101	
This report must be executed on t		progration by an authorized	representative If the col	rooration is in the hand	s of a receiver or trustee.	
th	is report must	be executed on behalf of t	he corporation by the rec	eiver or trustee.	,	
File Date			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.			
Check No		FILED	admi	Wha!	2/25/15	
By:			Signature of Authorize	ed Depresentative	Date	
FOR SECRETARY OF STATE U	SE ONLY	MAR 0 2 2015		/		
Form No. 630 Revised: 01/2012	BY	10094	Print or Type Name of	Authorized Represent	ative	

## ADDITIONAL DIRECTOR LISTING'FOR CITY SPORTS, INC

**ENTITY ID NUMBER: 148150** 

## ADDITIONAL DIRECTORS NOT LISTED ON FORM #630:

Name	Audress
Todd Krasnow	Highland Consumer Fund, One Broadway St, 16th Floor, Cambridge, MA 02142
Robert Spellman	Highland Consumer Fund, One Broadway St, 16th Floor, Cambridge, MA 02142
RoAnn Costin	Wilderness Point Investments, 100 Summer St, 13th Floor, Boston, MA 02110
Peter Cornetta	Highland Consumer Fund, One Broadway, 16th Floor, Cambridge, MA 02142

FILED

MAR 0 2 2015

LOGY