



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 **2016**

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>74428</b>		2. Exact name of the Corporation <b>BILL FALK'S SCHOOLS, INC.</b>						
3. Principal office address <b>PO BOX 8102</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>				
4. Business Phone No. <b>401-943-9363</b>		5. State of Incorporation <b>RI</b>						
6. Brief description of the character of business conducted in Rhode Island <b>OWN AND OPERATE CLINICS AND SCHOOLS TO TRAIN ATHLETES IN TRACK AND FIELD EVENTS</b>								
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>								
President Name <b>WILLIAM J FALK</b>			Vice-President Name <b>WILLIAM J FALK</b>					
Street Address <b>PO BOX 8102</b>			Street Address <b>PO BOX 8102</b>					
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>			
Secretary Name <b>WILLIAM J FALK</b>			Treasurer Name <b>WILLIAM J FALK</b>					
Street Address <b>PO BOX 8102</b>			Street Address <b>PO BOX 8102</b>					
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>			
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>								
Director Name <b>NONE</b>			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			
<b>9. SHARES AUTHORIZED</b>								
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>								
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
						200	COMMON	NONE

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

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.

William J. Falk 1/15/16  
Signature of Authorized Representative Date

**WILLIAM J FALK, PRESIDENT**

Print or Type Name of Authorized Representative

FILED  
JAN 25 2016  
KL 1599