



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 5909		2. Exact name of the Corporation M-F ATHLETIC COMPANY, INC.			
3. Principal Office Address PO BOX 8090			City CRANSTON	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except)		6. Brief description of the character of business conducted in Rhode Island SALE OF ATHLETIC EQUIPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERIC D. FALK			Vice-President Name WILLIAM J. FALK		
Street Address PO BOX 8090			Street Address PO BOX 8090		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MARTHA D. FALK			Treasurer Name DANA G. FALK		
Street Address PO BOX 8090			Street Address PO BOX 8090		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name NONE			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE
11. 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. 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.					
Name of Authorized Representative ERIC D. FALK, PRESIDENT				Date 1/30/17	
Signature of Authorized Representative <i>Eric D. Falk</i>			SIGN DOCUMENT HERE FILED <i>OR</i>		

SIGN DOCUMENT HERE **FILED** *OR*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 10 2017

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