| Annual Report for the | he year: 20 | 17 . | | | | | |
|--|---------------------|---|-------------------|---------------------------------|---|--------------------|--|
| Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. | | | | | erse Andre er er er er er er Andre er | | |
| 1. Entity ID Number | | e of the Corporation | on | | | | |
| 0000 15 218 | THE BI | a New End | aland Foot | ball ainic | Inc | | |
| 3. Principal Office Address | | , | City | | | Zip | |
| 23 Syca | more Drive | | Wisker | | Ri | 02891 | |
| 5. State of Incorporation | 1 yearry | | | onducted in Rhode Pro In Str | | relogned | |
| 7. List ALL officers (names | - D D L. | Check the box to indicate an attachment | | | | | |
| President Name KeIHA KENYU | Vice-President Name | | | | | | |
| Street Address 19 (1) a Stal L | Street Address | | | | | | |
| HUANNIS | State MA | Zip 02401 | City | | State | Zip | |
| Secretary Name | | | Treasurer Nam | ne | | | |
| Street Address | | | Street Address | | | | |
| Dity | State | Zip | City | | State | Zip | |
| 3. List ALL directors (names | and addresses) | | | Check | the box to indi | cate an attachment | |
| Director Name Terrance Lyr | nch | | Director Name | | | | |
| Street Address 108 Tock wotten Ove Rd. | | | Street Address | | | | |
| Charlestown | State | Zip 02813 | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | S | | | |
| City | State | Zip | City | | State | Žip | |
| 9. Shares Authorized | | | 10. Shares Issued | | Check the box to indicate an attachment | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| | | 500.00 | | CNP | | | |

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

Date

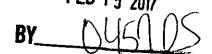
Signature of Authorized Representative

MAIL TO:

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Division of Business Services



FORM 630 - Revised: 10/2016