



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 MAR 31 PM 12:51

1. Entity ID Number 22553		2. Exact name of the Corporation RUGBY IMPORTS, LTD.												
3. Principal Office Address 885 Warren Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island importing, manufacturing and selling rugby equipment, sportswear and sporting goods												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Robert J. Hoder			Vice-President Name Mark Hoder											
Street Address 60 Adams Point Road			Street Address 6 Fairway Drive											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
Secretary Name Robert J. Hoder			Treasurer Name Robert J. Hoder											
Street Address 60 Adams Point Road			Street Address 60 Adams Point Road											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>common</td> <td>\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	common	\$1.00			
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500	common	\$1.00												
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 Robert J. Hoder				Date 03/20/17										
Signature of Authorized Representative 														

SIGN DOCUMENT HERE

FILED

MAR 31 2017

BY

FORM 630 - Revised: 10/2016

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