State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2018 MAR -1 PM 3:41

Annual Report for the year: 2018

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	2. Exact name of the Corporation
89420	WORLD SPORTS CAMP, INC.

3. Principal Office Address	City	State	Zip
3 Robbins Drive	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611620	Development of youth athletic skills
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
TERRY G.P. SHAND	ADDAM SHAND
Street Address: 3 Robbins Drive	Street Address: 8 Brookfield Avenue
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806
Secretary Name	**Treasurer Name**
TERRY G.P. SHAND	TERRY G.P. SHAND
Street Address: 3 Robbins Drive	Street Address: 3 Robbins Drive
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 ☐

Director Name	Director Name
TERRY G.P. SHAND	ADDAM SHAND
Street Address: 3 Robbins Drive	Street Address: 8 Brookfield Avenue
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	150	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	Date
TERRY G.P. SHAND, President	2/27/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 01 2018

BY 03256098

MAIL TO:
Division of Business Services
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