

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation I. Corporate ID No. LEAD THE WAY, INC. 122408 State Zip 3. Street Address Principal Business Office 69 FERRY ROAD SAUNDERSTOWN RI 02874-6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 4016670364 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A FIELD HOCKEY CAMP FOR THE PURPOSE OF TRAINING, DEVELOPING AND ENHANCING THE SKILLS OF FIELD HOCKBY-PLAYERS-AND-FOR-COMPETING-IN-VARIOUS-TOURNAMENTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . DENNIS C. CAMPBELL REBECCA C. CAMPBELL Sircei Address Street Address · SAME 69 FERRY ROAD State Zip City City State Zip 02874 SAUNDERSTOWN RI Treasurer Name Secretary Name REBECCA C. CAMPBELL REBECCA C. CAMPBELL Street Address Street Address SAME AS ABOVE SAME AS ABOVE Zip City State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name REBECCA C. CAMPBELL · Street Address Street Address SAME AS ABOVE Zip Zip City State City State Director Name Director Name Street Address Street Address Zip City State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series COMMON NO PAR VALUE 1,000 2,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

122408 DBC 01/03/05 02;51:02 PM File Date 2 - 2 - 5 Check No	1 2 2 4 0 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No. Check No. Signature of Officer Rebecca C. Campbell Print or Type Name of Officer	*122408 DBC 01/03/05 02;51:02 PM*	and that all statements contained herein are true and correct.		
Check No. Check No. Signature of Officer Rebecca C. Campbell Print or Type Name of Officer	File Date 2 - 2-05	Reber C. Carpbell 1/26/05		
Print or Type Name of Officer	21174	• • • • • • • • • • • • • • • • • • • •		
	Check No	Rebecca C. Campbell		
<u> </u>	de	Print or Type Name of Officer		
By: President	В <u>у:</u>	President		
	FOR SECRETARY OF STATE USE ONLY			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 122408 LEAD THE WAY, INC. 3. Street Address Principal Business Office City State Zip 69 FERRY ROAD SAUNDERSTOWN RI 02874 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-667-0364 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A FIELD HOCKEY CAMP FOR THE PURPOSE OF TRAINING, DEVELOPING AND ENHANCING THE SKILLS OF FIELD HOCREY-PLAYERS-AND-FOR-COMPETING-IN-VARIOUS-TOURNAMENTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name REBECCA C. CAMPBELL DENNIS C. CAMPBELL Street Address Street Address SAME 69 FERRY ROAD City State Zip State Cin Zρ SAUNDERSTOWN RI 02874 Secretary Name Treasurer Name REBECCA C. CAMPBELL REBECCA C. CAMPBELL Street Address Street Address SAME AS ABOVE SAME AS ABOVE City State City Zip State Ζiρ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name REBECCA C. CAMPBELL Street Address ... Street Address SAME AS ABOVE City State Zip Director Name Director Name Street Address Street Address Ciry State Zφ Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMMON 2,000 COMM NO PAR VALUE NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. *122408 DBC 01/08/04 03:27:09 PM* J-3~04 File Date Check No. Rebecca C. Campbell Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3049

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PROFIT CORPO	RATION AN	NUAL REPO	RT FOR THE YEA	AR 2003	- ,
Filing Period: January 1 - P (FORM MUST BE TYPED IN BL	•	ree: \$50.00		ا د	٠
	2. Name of Corporation LEAD THE WAY		··· · · · · · · · · · · · · · · ·		
3. Street Address Principal Busines	ss Office	• • •	City	State	Žip
6 Business Phone No		C State of Landau and the	Saunderstown	€ ⊒″	02874
401 - 667 · 030	64	5 State of Incorporation RHODE ISLAND			6 SIC Code
7 Brief Description of the Charac CPERATE A FIELD HOCK		d in Rhode Island DIIPDOSE OF TRAIN	ING, DEVELOPING AND E	MUSNOTNO THE CUTT	
HOCKEY PLAYERS AND FO	OR COMPETING IN	VARIOUS TOURNAME			
Rebecca C.	Cumpbell	· <u></u>	Dennis C.C	amphell	
19 Ferry Rd			Street Address	•	0T 47.47
Saunderstown	State	Zip 22874	City Firey 148	Saunderst State	Zip R. L. D. L. S. T.
Secretary Name	. • –		Treasurer Name		
Rebecca C.	Camp be	H	Pebecca C	Camphill	<u>-</u>
sume			same		
City	State	,Zip	City	State	Zip
Director Name Rebecca C. & Street Address LY FCry Rd City	•	trum, AI 02	Street Address &74 City	State	Zıp
Director Name			Director Name		
Street Address		····································	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX.FOR ATTA	ICHMENT) 📋	11. SHARES ISSUED ("X" BOX	(FOR ATTACHMENT) [
Number of Shares	Ciass/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VA	ALUE		1,000	NO PAR COMM	NONE
* 1 2 2 *122408 DBC1/15/033.0 File Date	2:20 PM· 2:20 PM·	ë President, Vice Pre.	Under penalty of perjury, I this report, including any a and that all statements con Public Control of Type Name of Officer Print or Type Name of Officer	declare and affirm that I iccompanying schedules a tained herein are true and Coupbill. Date Campbell	have examined and statements, correct.
FOR SECRETARY OF STATE U	SE UNLY		Title of Officer		Ferm 630 (2/01