



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51309		2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.			
3. Street Address Principal Business Office 6861 POST ROAD			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No. 4018857340		5. State of Incorporation RHODE ISLAND			6. SIC Code 4838
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING BASEBALL CARDS AND COLLECTIBLES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jerry Mazzone			Vice President Name Robert Mott		
Street Address 291 Arnold Rd.			Street Address 129 Station St.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jerry Mazzone			Treasurer Name Robert Mott		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	COMM NO PAR VALUE		300	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



5 1 3 0 9

51309 DBC 01/02/04 12:01:28 PM

File Date: 2-16-05

Check No. 12006

By: JC

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2/13/05

Jerry Mazzone

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51309
 2. Name of Corporation **BASEBALL CARDS OF RHODE ISLAND, INC.**
 3. Street Address Principal Business Office 6861 POST ROAD
 City NORTH KINGSTOWN State RI Zip 02852-
 4. Business Phone No. 4018857340
 5. State of Incorporation RHODE ISLAND
 6. SIC Code 4838
 7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jerry Mazzone	Vice President Name Robert Mott
Street Address 291 Arnold Rd.	Street Address 25 Waite Court
City Coventry State RI Zip 02816	City No. Kingstown State RI Zip 02852
Secretary Name Jerry Mazzone	Treasurer Name Robert Mott
Street Address same	Street Address same
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
300 COMM NO PAR VALUE	300 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



51309 DBC 01/02/04 12:01:28 PM
 File Date 1-25-04
 Check No. 11642
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 1/27/04
 Signature of Officer
Jerry Mazzone
 Print or Type Name of Officer
President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7346 5. State of Incorporation RI 6. SIC Code 4838
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____	Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 09 2005
By JCNC
CF96A

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.

Jerry Mazzone Date 6/1/03
Signature of Officer Date
JERRY MAZZONE
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No 401-885-7340 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address _____ City _____ State _____ Zip _____	Director Name <u>N/A</u> Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>300</u> <u>COMMON</u> <u>NO PAR</u>	<u>300</u> <u>COMMON</u> <u>NO PAR</u>

RECEIVED
SECRETARY OF STATE
JUL 9 1 22 PM '03

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 09 2003
By [Signature]
CS96A

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.

[Signature] 6/11/03
Signature of Officer Date
JERRY MAZZONE
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7340 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>N/A</u> State <u>N/A</u> Zip <u>N/A</u>	Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>N/A</u> State <u>N/A</u> Zip <u>N/A</u>
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RECEIVED
SECRETARY OF STATE
JUL 9 1 22 PM '03

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES
Number of Shares	Number of Shares
<u>300</u>	<u>300</u>
Class/Series	Class/Series
<u>COMMON</u>	<u>COMMON</u>
Par Value	Par Value
<u>NO PAR</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUL 09 2003
KMC
CF96A

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.

[Signature] Date 6/11/03
Signature of Officer
JERRY MAZZONE
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD NO. KINGSTOWN RI 02852
4. Business Phone No. 401-885-7340 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>02816</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>02852</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>RI</u> State <u>RI</u> Zip <u>02816</u>	Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>RI</u> State <u>RI</u> Zip <u>02852</u>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
By JERRY MAZZONE CS96A
JUL 09 2003

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.

Jerry Mazzone 6/11/03
Signature of Officer Date
JERRY MAZZONE
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7340 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____	Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

LED

MAY 09 2003

KUC
C896A

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.

Jerry Mazzone Date 6/11/03
Signature of Officer Date

JERRY MAZZONE
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
 3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
 4. Business Phone No. 401-885-7348 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>	Director Name <u>N/A</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>
--	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>300</u>	<u>300</u>
<u>COMMON</u>	<u>COMMON</u>
<u>NO PAR</u>	<u>NO PAR</u>

FILED
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
 JUL 09 2003
 By KMC
C896A

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.

Signature of Officer Jerry Mazzone Date 6/11/03
 Print or Type Name of Officer JERRY MAZZONE
 Title of Officer PRESIDENT

File Date: _____
 Check No.: _____
 By: _____

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7340 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JERRY MAZZONE Vice President Name ROBERT MOTT
Street Address 291 ARNOLD ROAD Street Address 25 WAITE COURT
City COVENTRY State RI Zip 02816 City NO. KINGSTOWN State RI Zip 02852
Secretary Name JERRY MAZZONE Treasurer Name ROBERT MOTT
Street Address (SAME) Street Address (SAME)
City (SAME) State (SAME) Zip (SAME) City (SAME) State (SAME) Zip (SAME)

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name N/A Director Name N/A
Street Address N/A Street Address N/A
City N/A State N/A Zip N/A City N/A State N/A Zip N/A
Director Name N/A Director Name N/A
Street Address N/A Street Address N/A
City N/A State N/A Zip N/A City N/A State N/A Zip N/A

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>	<u>300</u>	<u>COMMON</u>	<u>NO PAR</u>

FILED

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

JUL 09 2003

By KMC

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.

Signature of Officer Jerry Mazzone Date 6/11/03
Print or Type Name of Officer JERRY MAZZONE
Title of Officer PRESIDENT

File Date: _____
Check No.: _____
By: _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
 3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
 4. Business Phone No. 401-885-7346 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>(SAME)</u> Zip <u>(SAME)</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____	Director Name <u>N/A</u> Street Address <u>N/A</u> City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>300</u> <u>COMMON</u> <u>NO PAR</u>	<u>300</u> <u>COMMON</u> <u>NO PAR</u>

RECORDED
FILED
JUL 9 1 22 PM '03

FILED

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

JUL 09 2003
By KMC
C896A

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.

Jerry Mazzone 6/11/03
Signature of Officer Date
JERRY MAZZONE
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date: _____
Check No.: _____
By: _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7348 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>(SAME)</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>(SAME)</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>N/A</u> State <u>N/A</u> Zip <u>N/A</u>	Director Name <u>N/A</u> Street Address <u>N/A</u> City <u>N/A</u> State <u>N/A</u> Zip <u>N/A</u>
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>300</u>	<u>300</u>
<u>COMMON</u>	<u>COMMON</u>
<u>NO PAR</u>	<u>NO PAR</u>

FILED
JUL 09 2003

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

By Jerry Mazzone
CS96A

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.

Signature of Officer Jerry Mazzone Date 6/16/03
Print or Type Name of Officer JERRY MAZZONE
Title of Officer PRESIDENT

File Date: _____
Check No.: _____
By _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309 2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.
3. Street Address Principal Business Office 6861 POST ROAD City NO. KINGSTOWN State RI Zip 02852
4. Business Phone No. 401-885-7346 5. State of Incorporation RI 6. SIC Code 4838

7. Brief Description of the Character of Business Conducted in Rhode Island SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>JERRY MAZZONE</u> Street Address <u>291 ARNOLD ROAD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>ROBERT MOTT</u> Street Address <u>25 WAITE COURT</u> City <u>NO. KINGSTOWN</u> State <u>RI</u> Zip <u>02852</u>
Secretary Name <u>JERRY MAZZONE</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>02816</u>	Treasurer Name <u>ROBERT MOTT</u> Street Address <u>(SAME)</u> City <u>(SAME)</u> State <u>RI</u> Zip <u>02852</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>N/A</u> Street Address <u>N/A</u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>N/A</u> Street Address <u>N/A</u> City <u></u> State <u></u> Zip <u></u>
--	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>300</u> <u>Common</u> <u>NO PAR</u>	<u>300</u> <u>COMMON</u> <u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 09 2003

By Kmc
C896A

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.

Signature of Officer Jerry Mazzone Date 6/11/03

Print or Type Name of Officer JERRY MAZZONE

Title of Officer PRESIDENT

File Date: _____

Check No: _____

By: _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1993
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51309	2. Name of Corporation BASEBALL CARDS OF RHODE ISLAND, INC.		
3. Street Address Principal Business Office 6861 POST ROAD		City NO. KINGSTOWN	State RI
4. Business Phone No. 401-885-7340	5. State of Incorporation RI		Zip 02852
6. SIC Code 4838			

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING BASEBALL CARDS AND COLLECTIBLES

8. NAMES AND ADDRESSES OF THE OFFICERS				9. NAMES AND ADDRESSES OF THE DIRECTORS			
President Name JERRY MAZZONE				Vice President Name ROBERT MOTT			
Street Address 291 ARNOLD ROAD				Street Address 25 WAITE COURT			
City COVENTRY	State RI	Zip 02816		City NO. KINGSTOWN	State RI	Zip 02852	
Secretary Name JERRY MAZZONE				Treasurer Name ROBERT MOTT			
Street Address (SAME)				Street Address (SAME)			
City	State	Zip		City	State	Zip	

10. SHARES AUTHORIZED BY BOX FOR ATTACHMENT				11. SHARES ISSUED BY BOX FOR ATTACHMENT			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
300	COMMON	NO PAR		300	COMMON	NO PAR	

This report must be signed in ink by the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUL 09 2003
By **KMC**
CS96A

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.

Signature of Officer: **Jerry Mazzone** Date: **6/11/03**
Print or Type Name of Officer: **JERRY MAZZONE**

Title of Officer: **PRESIDENT**

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

2050997-

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51309 Annual Report for the year 1992

FIRST: The name of the corporation is BASEBALL CARDS OF RHODE ISLAND INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 6861 POST ROAD, NORTH KINGSTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JERRY J. MAZZONE	Director	291 ARNOLD ROAD COVENTRY RI
PATRICIA A. CARD	Director	129 STATION ST. COVENTRY RI
ROBERT A. MOTT	Director	25 WAITE ST. N. KINGSTOWN, RI
JERRY J. MAZZONE	President	291 ARNOLD RD. COVENTRY RI
PATRICIA A. CARD	Vice President	129 STATION ST. COVENTRY RI
ROBERT A. MOTT	Secretary	25 WAITE COURT N. KINGSTOWN RI
ROBERT A. MOTT	Treasurer	25 WAITE COURT N. KINGSTOWN RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
300	

Par Value
or statement that
shares are without
par value
NONE

02-7089
Series
PAID
JAN 11 1993
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	

Par Value
or statement that
shares are without
par value
NONE

Dated 12/24 19 92

BASEBALL CARDS OF RI INC
(Name of Corporation)

By Jerry J. Mazzone

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

2053919

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51309 Annual Report for the year 1991

FIRST: The name of the corporation is BASEBALL CARDS OF RHODE ISLAND, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 6861 POST ROAD, NORTH KINGSTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>JERRY J. MAZZONE</u>	Director	<u>291 ARNOLD RD. COVENTRY RI</u>
<u>PATRICIA A. CARD</u>	Director	<u>129 STATION ST. COVENTRY RI</u>
<u>ROBERT A. MOTT</u>	Director	<u>25 WAITE ST. N. KINGSTOWN RI</u>
<u>JERRY J. MAZZONE</u>	President	<u>291 ARNOLD RD. COVENTRY RI</u>
<u>PATRICIA A. CARD</u>	Vice President	<u>129 STATION ST. COVENTRY RI</u>
<u>ROBERT A. MOTT</u>	Secretary	<u>25 WAITE CT. N. KINGSTOWN, RI</u>
<u>ROBERT A. MOTT</u>	Treasurer	<u>25 WAITE CT. N. KINGSTOWN, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>300</u>			<u>NONE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>300</u>			<u>NONE</u>

PAID
JAN 11 1992
SECY OF STATE

Dated 12/24 19 91

BASEBALL CARDS OF RHODE ISLAND, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

2051917

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51309 Annual Report for the year 1990

FIRST: The name of the corporation is BASEBALL CARDS OF RHODE ISLAND, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 6861 POST ROAD, NORTH KINGSTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>JERRY J. MAZZONE</u>	Director	<u>291 ARNOLD ROAD COVENTRY, RI</u>
<u>PATRICIA A. CARD</u>	Director	<u>129 STATION ST. COVENTRY, RI</u>
<u>ROBERT A. MOTT</u>	Director	<u>25 WAITE CT. N. KINGSTOWN, RI</u>
<u>JERRY J. MAZZONE</u>	President	<u>291 ARNOLD RD COVENTRY, RI</u>
<u>PATRICIA A. CARD</u>	Vice President	<u>129 STATION ST. COVENTRY, RI</u>
<u>ROBERT A. MOTT</u>	Secretary	<u>25 WAITE CT. N. KINGSTOWN, RI</u>
<u>ROBERT A. MOTT</u>	Treasurer	<u>25 WAITE CT. N. KINGSTOWN, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>300</u>			<u>NONE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>300</u>			<u>NONE</u>

Dated 12/24 19 92

BASEBALL CARDS OF RHODE ISLAND, INC.
(Name of Corporation)

By Jerry J. Mazzone
Title President

(Report must be signed by an officer)

6802-2089
JAN 11 1993
SECY OF STATE

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

2052-9B

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51309 Annual Report for the year 1989

FIRST: The name of the corporation is BASEBALL CARDS OF RHODE ISLAND, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 6137 PEST ROAD, NORTH KINGSTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JERRY J. MUZZONE	Director	291 ARNOLD RD. COVENTRY RI
PATRICIA A. CARO	Director	129 STATION ST. COVENTRY RI
ROBERT A. MOTT	Director	25 WAITE CT. N. KINGSTOWN RI
JERRY J. MUZZONE	President	291 ARNOLD RD. COVENTRY, RI
PATRICIA A. CARO	Vice President	129 STATION ST. N. KINGSTOWN, RI
ROBERT A. MOTT	Secretary	25 WAITE CT. N. KINGSTOWN, RI
ROBERT A. MOTT	Treasurer	25 WAITE CT. N. KINGSTOWN, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			NONE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300			NONE

0242089
JUN 1 1989
SECY OF STATE

Dated 12/24 19 92

BASEBALL CARDS OF RHODE ISLAND, INC
(Name of Corporation)

By Jerry J. Muzzone

Title President

(Report must be signed by an officer)