



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

A. Ralph Malls, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.1040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 130611
2. Name of Corporation Bluefish Boosters, Inc.
3. State of Incorporation RHODE ISLAND
4. Corporate address in Rhode Island - Street Address C/O JOHN ROGERS EDWARDS & ANGELL LLP 2800 FINANC PROVIDENCE 02903-
5. Foreign corporation Enter principal office address City State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO FOSTER NATIONAL AMATEUR SWIMMING COMPETITION AND TO SUPPORT AND DEVELOP AMATEUR SWIMMERS FOR NATIONAL COMPETITION

7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name MARIA C. SULLIVAN Vice President Name MICHELLE UZZO
Street Address 28 STEWART STREET Street Address 545 BRITTON STREET
City State Zip FRANKLIN MA 02038 City State Zip RAYNHAM MA 02767
Secretary Name JOAN BEISEL Treasurer Name SHOBHA MUTHUKRISHNAN
Street Address 24 PIERCE ROAD Street Address 15 BENJAMIN'S LANDING
City State Zip SAUNDERSTOWN RI 02874 City State Zip FRANKLIN MA 02038

8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-6-21)

Director Name MARIA C. SULLIVAN Director Name MICHELLE UZZO
Street Address 28 STEWART STREET Street Address 545 BRITTON STREET
City State Zip FRANKLIN MA 02038 City State Zip RAYNHAM MA 02767
Director Name JOAN BEISEL Director Name SHOBHA MUTHUKRISHNAN
Street Address 24 PIERCE ROAD Street Address
City State Zip SAUNDERSTOWN RI 02874 City State Zip FRANKLIN MA 02038

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-131-6-2

Agent Name JOHN J. ROGERS, ESQ. Address EDWARDS ANGELL PALMER & DODGE LLP
Address 2800 FINANCIAL PLAZA City State Zip PROVIDENCE 02903

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



130611 DNP 06/27/07 15:07 PM FILED
File Date
Check No. JUL 02 2007
By: [Signature] 30299
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.

Maria C Sullivan 6/27/07
Signature of Officer Date
MARIA C. SULLIVAN
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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

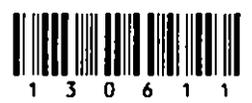
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130611		2. Name of Corporation Attleboro Bluefish Boosters, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address C/O JOHN ROGERS EDWARDS & ANGELL LLP 2800 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903-
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ENGAGE IN ACTIVITIES WHICH PROMOTE, FOSTER, ENCOURAGE AND SUPPORT THE COMPETITIVE SWIMMING PROGRAM OPERATED AND SPONSORED BY THE ATTELEBORO BLUEFISH SWIM CLUB, INC.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maria C. Sullivan		Vice President Name Paul V. Sullivan			
Street Address 28 Stewart Street		Street Address 28 Stewart Street			
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Secretary Name Joan Beisel		Treasurer Name Kathi Carey			
Street Address 24 Pierce Road		Street Address 30 Annawon Avenue			
City Saunderstown	State RI	Zip 02874	City Whentham	State MA	Zip 02093
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23					
Director Name Maria C. Sullivan		Director Name Paul V. Sullivan			
Street Address 28 Stewart Street		Street Address 28 Stewart Street			
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Director Name Ellen Bailey		Director Name Kathi Carey			
Street Address 467 Fisher Street		Street Address 30 Annawon Avenue			
City Walpole	State MA	Zip 0208	City Whentham	State MA	Zip 02093
9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 R.I.G.L. 7-6-13/7-6-78					
Agent Name JOHN J. ROGERS, ESQ.			Address EDWARDS & ANGELL, LLP		
Address 2800 FINANCIAL PLAZA			City PROVIDENCE	Zip 02857	

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



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File Date 8/22/05

Check No. 119 C94991

By: KML

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.

Maria C. Sullivan 6/29/05
Signature of Officer Date
MARIA C. SULLIVAN
Print or Type Name of Officer
PRESIDENT
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130611		2. Name of Corporation Attleboro Bluefish Boosters, Inc.			
3. State of Incorporation RHODE ISLAND		3. Corporate address in Rhode Island - Street Address c/o John J. Rogers, Esq., 2800 Financial Plaza		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ENGAGE IN ACTIVITIES WHICH PROMOTE, FOSTER, ENCOURAGE AND SUPPORT THE COMPETITIVE SWIMMING PROGRAM OPERATED AND SPONSORED BY THE ATTLEBORO BLUEFISH SWIM CLUB, INC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maria C. Sullivan			Vice President Name Paul V. Sullivan		
Street Address 28 Stewart Street			Street Address 28 Stewart Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Secretary Name Joan Beisel			Treasurer Name Ellen Bailey		
Street Address 24 Pierce Road			Street Address 467 Fisher Street		
City Saunderstown	State RI	Zip 02874	City Walpole	State MA	Zip 02081
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Maria Sullivan			Director Name Paul Sullivan		
Street Address 28 Stewart Street			Street Address 28 Stewart Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Director Name Ellen Bailey			Director Name		
Street Address 467 Fisher Street			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JOHN J. ROGERS, ESQ.			Address EDWARDS & ANGELL, LLP		
Address 2800 FINANCIAL PLAZA			City PROVIDENCE	Zip 02903-	

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



* 1 3 0 6 1 1 *

File Date 7/16/04
Check No. 151533 C 38189
By: KAM
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.

Maria C. Sullivan 6/30/04
Signature of Officer Date

Maria C. Sullivan
Print or Type Name of Officer

President
Title of Officer