

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company 1. ID No. 120219 Rhode Island Oceaneers, LLC 4. Hiref description of the character of the histness which is actually conducted in Rhode Island PROMOTION OF SOCCER 3. State of Formation **RHODE ISLAND** 5 Principal office address 100 LAFAYETTE STRPET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) □ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Munager Name Sireci Address Street Address Zip City State Ζip Manager Name Street Address Street Address Zip State Zip City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address DAVID A. BORTS, ESQ. Address Z.LD **PAWTUCKET** 100 LAFAYETTE STREET 02860-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	9/27/05 120219	
Check No	/33	
Ву:	SECRETARY OF STATE USE ONLY	

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Print or Type Name of Authorized Person



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

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _______ 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	***				
I. ID No.	2. Exact name of the limited liability company					
120219	Rhode Island Oceaneers, LLC					
3. State of Formation	4. Brief description	on of the character of the husiness i	which is actually conducted in Rhode Isla	ınd		
RHODE ISLAND	RHODE ISLAND PROMOTION OF SOCCER					
5. Principal office address 100 Lafayette Sticet			Pawtucket	R'hode.	15 land 02860	
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND NAM	E OR TITLE OF CONTACT PER		1	
DAVIDA. BORTS ESO.			Contact Title			
Sirvet Address LAF	Ayettes	STreeT	City PAWTUCKET	Suite R I	02806	
	FILL IN SP.	ACES BEFORE USING ATT	BILITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR A ILING OF AMENDMENT, R.I.G.	TTACHMENT)	'] (2) / 7-16-52	
· · · · · · · · · · · · · · · · · · ·			Manager Name			
Sirvet Address		Street Address				
City	State	Ζψ	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Z4p	
8. RESIDENT AGENT Agent Name DAVID A. BORTS, ESC		DO NOT ALTER - Change	es require filling of Form 642 Address	- R.J.G.L. 7-16-	n '	
Address			City			
100 LAFAYETTE STREET			PAWTUCKET			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all s	ihis report, statements.
contained herein are true and correct.	
1/1/1/04/04 9/7/04	
Synaphyre of Kutharized Dershin Dune DAV 14 A. POVETS	
Print or Type Name of Authorized Person	



DAVID A. BORTS, ESQ.

100 LAFAYETTE STREET

Address

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. II) No. 2. Exact name of the limited liability company 120219 Rhode Island Oceaneers, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Promotion **RHODE ISLAND** 5. Principal office address atayetteStreet 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Street Address 100 La Fayette Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address City State Zip City Ζip Manager Name Manager Name Street Address Street Address City State 2.ф Cuy State Z.ip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

PAWTUCKET

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File Dute 11403 Check No. 1884	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that including any accompanying scheduler and statement contained herein any true and correst.	
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Signatury of Authorized Person Dat	·
DAVANA. BORT	7
Print or Type Name of Authorized Person	

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	ED OR PRINTED IN BL	ACK)				
1. ID No.	2. Exact name of the life	nited liabilty company				
120219	Rhode Island Oceaneers, LLC					
3. State of Formation	4. Brief descrip	otion of the character of t	he business which is actually conduc	ted in Rhode Island		
RHODE ISLAND	PROMO'	rion of socc	ER AND FUTSAL AM	ATEUR AND PROFES	SIONAL	
5. Principal office address			Ciry	State	Zip	
100	Lafayette :	Street	Pawtucket	Rhode Isla	nd 0286	
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITL	E OF CONTACT PERSON	:	
Contact Name			Contact Title			
Dav	id A. Borts		· Managing Pa	artner		
Street Address			City	State	Zip	
100	Lafayette :	Street	Pawtucket	Rhode Isla	nd 2860	
7. NAME AND ADD	RESS OF EACH MA	NAGER OF THE L	IMITED LIABILITY COM	PANY, IF APPLICABLE	Section 1	
	FILL IN SI	PACES BEFORE USIN	G ATTACHMENTS ("X" BE	OX FOR ATTACHMENT		
. <u>-</u> -	ANY MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT	. R.I.G.L 7-16-12 (a) (2) / 7-16-	52	
Manager Name			*Manager Name			
			•			
Street Address		-	Street Address			
			:			
City	State	Zip	*City	State	Zip	
]				
Manager Name			Manager Name			
			•			
Street Address			Street Address	•		
-	18	10:			······	
City	State	Zip	,City	State	Zip	
o prometer cont						
Agent Name	I IN KHODE ISLAN	D -DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L. 7-16-11		
, "			Naaress			
DAVID R. BALL, ESQ.	····					
Address			City	Zip		
40 POWER ROAD			PAWTUCKET	PAWTUCKET 02860.		
		-				

This report must be signed in ink by an authorized person pursuant to 7-16-66.

* 1 2 0 2 1 9 FILED	* Under penalty of periary, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date NOV, 2 6 2002	and that all statements contained herein are rue and correct.
By: FOR SECRETARY OF STATE USE ONLY	Stephanolof Multorized Dersol Date AVIDA BORTS Print or Type Name of Authorized Person
	Form 632 Rev. 6/02