



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

31/1/19

Annual Report for the year: 2019
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 81029		2. Exact name of the Corporation Bennett Sports, Inc.			
3. Principal Office Address 900 Phenix Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 451110 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Buying, selling, and dealing in sporting goods			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William P. Bennett			Vice-President Name Jennifer Bennet		
Street Address 900 Phenix Avenue			Street Address 900 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Jennifer Bennet			Treasurer Name William P. Bennett		
Street Address 900 Phenix Avenue			Street Address 900 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William P. Bennett			Director Name		
Street Address 900 Phenix Avenue			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	No par value
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. <i>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.</i>					
Name of Authorized Representative William P. Bennett				Date 2/9/19	
Signature of Authorized Representative <i>William P. Bennett</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 15 2019

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