

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3010

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2. Name of Corporation 89420 WORLD SPORTS CAMP, INC. State City WARWICK Street Address Principal Business Office 02886 RT 11 KNIGHT STREET, BLDG. E-20 6 SIC Code 5. State of Incorporation 4 Hustness Phone No. 7237 RHODE ISLAND (401) 738-9119 7 Brief Description of the Character of Business Conducted in Rhode Island DEVELOPMENT OF YOUTH ATHLETIC SKILLS. Vice President Name President Name JOHN NELSON TERRY SHAND Street Address Street Address 604 PONTIAC 3 ROBBINS DRIVE State State City 02910 RI 02886 WARWICK RIBARRINGTON Treasurer Name Secretary Name JOHN NELSON TERRY SHAND Street Address Street Address 604 PONTLAC AVENUE 3 ROBBINS DRIVE State 02910 State RI 02886 WARWICK RIBARRINGTON ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name JOHN NELSON TERRY SHAND Singi Address Siner Addnes 604 PONTIAC AVENUE 3 ROBBINS DRIVE ربه 02910 State RI WARWICK 02806 RIBARRINGTON Director Name Director Name NONE NONE Street Address Street Address State ZІр City State ZIP City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class'Sirtes Par Value Number of Shares Class'Series none common **600 NO PAR VALUE** 100 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. 2-18-05 File Date Date Sixhature of O

Title of Officer
Form 630 Rev. 12/03

Frini or Type Name 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

KUPII (A)KI OKATON AMMOND KDI OKK I OH	ROFIT CORPORATION	ANNUAL REPORT FO	R THE YEAR	2004
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ORM MUST BE TYPED OR PR					
Corporate ID No.	2. Name of Corporation WORLD SPORT				
89420 Since Address Principal Busine 11 KNIGHT STRI			CHWARWICK	State RI	02886
Business Phone No. (401) 738-9119		5. State of Incorporation RHODE ISLAN	n		6. SIC Code
Brief Description of the Charact DEVELOPMENT OF Y	ter of Business Conducted in COUTH ATHLETIC SKILL	Rhode Island			
NAMES AND ADDRESS resident Name TERRY SHAND			TACHMENT) FILL IN S Vice President Name JOHN NELSON	PACES BEFORE USING	ATTACHMENTS
T'AOBBINS DRI	VE	,	Sime 04 PONTIAC	AVENUE	
BARRINGTON	State RI	^{Zip} 02886	^{Cit} WARWICK R	State RI	^{z/2} 02910
Secretary Name TERRY SHAND			JOHN NELSON	· .	
Treet Address 3 ROBBINS DRI	VE		Street Address 604 PONTIAC	AVENUE	
BARRINGTON	State RI	^{Zip} 02806	WARWICK	State	²¹⁰ 02910
. NAMES AND ADDRESS Director Name TERRY SHAND	SES OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT)	SPACES BEFORE USIN	NG ATTACHMENTS
irce Address 3 ROBBINS DRI	VE		Street Address 604 PONTIAC	AVENUE	
BARRINGTON	State	^{2ip} 02806	City WARWICK	State RI	02910
Director Name NONE	J	J	Director Name NONE		•••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	 ED <i>("X" BOX FOR AT</i>	 TACHMENT) [11. SHARES ISSUED (BOX FOR ATTACH	MENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		<u>-</u>	100	common	none
This report must	be signed in ink by ci	ther the President, Vi	ce President, Secretary, Assist	ant Secretary, Treasurer.	Receiver or Trustee
Time toport inner					
				,	
			Under penalty of pe	rjury, I declare and affirm t	hat I have examined this
*	8 9 4 2 0	*-1	including any accor contained herein ag	mpanying schedules and sta	itements, and that all state
File Dale 315	04	_	this	Cath free	3/4/4
2012		_	Signature of Office. TERRY SHA	ND	/ Wate
Check No. 3010		-	Print or Type Name	16/CM 61	JNXND_
Ву:	<u> </u>	-	PRESIDENT		
FOR SECRETARY	OF STATE USE ONLY		Title of Officer		Form 630 Rev. 12

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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



FORM MUST BE TYPED OR PRINT					
1. Corporate ID No.	2. Name of Corporati				
89420 3. Street Address Principal Business 4. Business Phone No.: (401) 738-9119		PRTS CAMP, INC. - Blas & - 30 S. State & Incorporation RHODE ISLAND	WATWICK	State R.T	21p 00 d d C 6. SIC Code 7237
7. Brief Description of the Character SU1717 CV 8. NAMES AND ADDRESS President Name	of Business Conducted in Spark (1) SES OF THE OFFIC			FORE USING ATTACH	MENTS
Street Address 3 Robbin City Secretary Name Action Secretary Name Secret	Models Dr. State	zip 07806	Sireet Addiess C, C Y FONTII City Treasurer Name	ELSCON State PA	"8) 9 /0
Street Address 3 ROBBINS DRIV	TE State	Zip	JOHN R. NELSON Street Address 604 PONTIAC AV City		Zip
9. NAMES AND ADDRESS	SES OF THE DIRE	028067	Director Name	RI SEFORE USING ATTAC	02910 CHMENTS
TERRY SHAND Stieet Address 3 ROBBINS DRIV City	TE Slate	Z.ip	JOHN R. NELSON Street Address 604 PONTIAC AV City	ENUE State	zip S
BARRINGTON Director Name none Street Address	RI	02806	WARWICK Director Name none Street Address	RI F	ONE OFIV
City	State	Zip	City	State	JED F STA
10. SHARES AUTHORIZEI AUTHORIZZI) SHARIS	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X*.	BOX FOR ATTACHMENT)	EN LE
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100		

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



File Date: ______

Check No.: MAR 1 4 2003

FOR SECRETARY OF STATE USE UNIT. 3 1.5 1.5

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.

Janl-

Print or Type Name of Officer

Frint or Type Name of Officer

Title of Officer

Form 630 12/02

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

401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janua	iry 1-March 1 • 1	iling Fee: \$50.00			INSTRUC
FORM MUST BE TYPED IN I Corporate ID No. 89420	2. Name of Corporatio	, RTS CAMP, INC.			
3. Street Address Principal Busin	ness Office		City	State	Zip
ll Knight St	reet Bldg. E - 738-9119	5-20 S. State of Incorporation RHODE ISLAN	Warwick,	RI	6. Si28,86 7237
ع O L Brief Description of the Chard					
Sum B. NAMES AND ADDR President Name Ter		mp for child ERS (*x* BOX FOR ATTAC	Vice President Name John R.	BEFORE USING ATTACHM	MENTS
itreet Address 3 R	obbins Drive		Street Address 604 Pont	iac Avenue	
Tity	State	ZIP	City	State	Zip
Barrington George Rame	RI	02806	Cranston Treasurer Name	RI	02910
Street Address	Elaine N	lelson	Street Address Ela	ine Nelson	
Sity	604 Pont	ciac Avenue	604 City	Pontiac Avenu	Zip
Cranston D. NAMES AND ADDR Olivector Name	RI ESSES OF THE DIREC	02910 CTORS (*X* BOX FOR AT	Cranston FACHMENT) FILL IN SPACE Director Name	R I ES BEFORE USING ATTAC	02910 HMENTS
Terry G.P.	Shand		Street Address	ohn R. Nelson	
Gity 3 Robbins D	Drive State	Zip	€ City	004 Pontiac Ave	ZIp
Barribgton Name	RI	02806	Cranston	RI	02910
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip

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

ISSUED SHARES

Number of Shares

0



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

Class/Series

Par Value

AUTHORIZED SHARES

600 NO PAR VALUE

Number of Shares

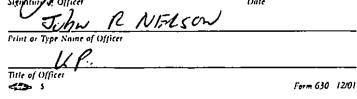
FOR SECRETARY OF STATE USE ONLY

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.

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

Class/Series

Par Value



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

FORM N	4UST	ΒE	TYPED	IN	BLACK)
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1. Corporate ID No. 89420

2. Name of Corporation
WORLD SPORTS CAMP, INC.

07420		 					
3. Street Address Principal Bu	siness Office		City		State		ZIp
•		Avenue State of Incorporation	,	Cranston		RRI	و. باروروند 0292 0
		RHODE ISLAND					,

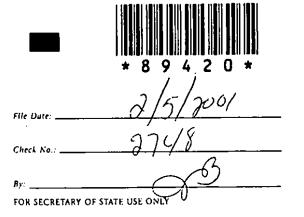
(401) 275-9700 7. Brief Description of the Character of Business Conducted in Rhode Island

Summer Sports Camp

8. NAMES AND ADE President Name	RESSES OF THE OFFI	CERZ LAS BOX FOR WITHO	Vice President Name	ES BEFORE USING ATTACHM	Livis
Terry GP	Shand		Street Address	John R. Nelson	
3 Robbi	ns Drive State	Zip	City	604 Pontiac Aver	iue zip
Bzzribq Secretary Name	ton RI	02806	Cranston Treasurer Name	RI	02910
Elaine Street Address	Nelson		Sucet Address Laine	nelson	
604 Pon Cransto	tiac Avenue State on RI	^{zip} 02910	604 Poi cily Crnaston	ntiac Avenue State RI	zip 02910
9. NAMES AND ADI	DRESSES OF THE DIRE	CTORS ("X" BOX FOR AT	FACHMENT) FILL IN SP. Director Name	ACES BEFORE USING ATTAC	HMENTS
terry	GP Shand		Johi Street Address	n R Nelson	
	obins Drive	Zip	· city 604	4 Pontiac Avenue	Zip
Barribgto Director Name		02806	Cranston Director Name	RI	02910
Street Address			Street Address		•
City	State	Zip	City	State	ZIp
10. SHARES AUTHO	RIZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class (Series	Par Value	Number of Shares	Class/Series	Par Value

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

Title of Officer



600 SHS NO PAR VALUE

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.

	Jain Alson 11/17/01	
Signature of Officer Date 1701	ature of Officer bare	

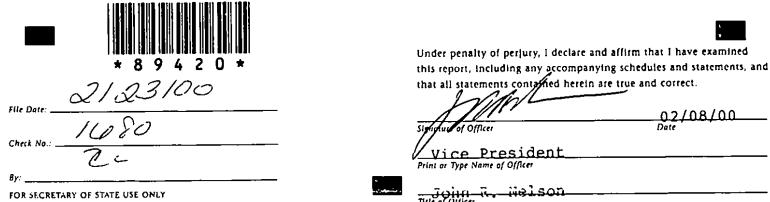
Elaine Nelson	
rint or Type Name of Officer	
C	

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

FORM MUST BE TYPED IN BLAC . Corporate ID No. 89420 t. Street Address Principal Business C	2. Name of Corporati	an			<u> </u>
	WORLD SPOR	•••			
. Street Address Principal Business (TS CAMP, INC.			
	Office		City	State	Zip
1441 Park Ave 1. Business Phone No.	nue	5. State of Incorporation	Cranston	RI	02920 6. SIC Code 7237
(401) 275-073 Brief Description of the Character	4 of Business Conducted in	RHODE ISLAND Rhode Island			7231
Summer Sports B. NAMES AND ADDRESS President Name	Camp SES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHM	ENTS
Terry GP Sha	ind		John Street Address	R. Nelson	
3 Robbins Dr	ive State	Zip	City 604 F	Pontiac Avenue	Zip
Barrington Secretary Name	RI	02806	Cranston Treasurer Name	RI .	02910
Elaine Nelso	n		Elaine Street Address		
604 Pontiac	Avenue	Zip	604 Por	ntiac Avenue	Zip
Cranston. 9. NAMES AND ADDRES: Director Name	RI SES OF THE DIRE	02910 CTORS (*x* BOX FOR ATTAC	Cranston CHMENT) FILL IN SPAC Director Name	RI CES BEFORE USING ATTACE	02910 IMENTS
Terry GP Sha	and.		Joi Street Address	hn R. Nelson	
Giny 3 Robbins Di	rive State	Zip	City	4 Pontiac Avenue	Zip
Barrington Director Name	RI	02806	Cranston Director Name	RI	02910
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series NO PAR VI	Par Value

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



02/08/00 Tule of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)			. .			
1. Corporate ID No. 89420	2. Name of Corporation WORLD SPORT	rs camp, inc.				
3. Street Address Principal Business Offi	ce		City	State	Zip	
1441 Park Avenue	, Suite B	5. State of Incorporation RHODE ISLAND	Cranston	RI	02920 6. SIC Code	
401-275-0734 7. Brief Description of the Character of L	Business Conducted in Rhoc	te Island			7237	
Seasonal summer 8. NAMES AND ADDRESSES President Name	camp for s of the officer	tudents \$ (*x* box for attachm	IENT) FILL IN SPAC	ES BEFORE USING ATTACHME	ENTS	•
Terry G.P. Shand Street Address			John R. Ne	lson		
3 Robbins Drive	State	Zip	604 Pontia	c Avenue	Zip	
Barrington Secretary Name	RI	02806	. Cranston Treasurer Name	RI.	02910	· ••
John R. Nelson Street Address			John R. Ne	elson		
604 Pontiac Aven	ue State	Zip	604 Pontia	C Avenue	Zip	
Cranston 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIRECTO	02910 ORS ("X" BOX FOR ATTAC	Cranston HMENT) FILL IN SPA Director Name	R I ACES BEFORE USING ATTACH	02910 ments	
Terry G.P. Shand			John R. Ne	elson		-
3 Robbins Drive	State	Zip	604 Pontia	ac Avenue	Zip	. •
Barrington Director Name	RI	02806	Cranston Director Name	RI	02910	••••
Street Address			Street Address		. <u>.</u>	
City	State	Zip	City	State	Zip	-
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHI	MENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMENT) •	·	
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value	
600 SHS NO PAR VAL	.UE		400			
			200		. . .	
This report must be signed	l in lnk by either	the President, Vice Po	resident, Secretary,	Assistant Secretary, Treasurer	, Receiver or	: Trustee
120121						

	* 8 9 4 2 0 *
File Date:	011-01-99
Check No.:	1(137
Ву:	20
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.

John R. Nelson, Vice President

Print or Type Name of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

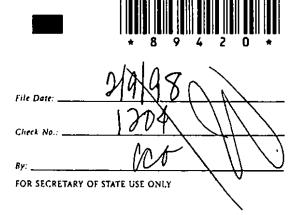
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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ı.	Corporate	ID	No. R0420
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WORLD	ÖRTS CAMP, INC.		1		
Office		Clry	State	Zip	
	S. Silvatie (Cranston		RI	02910. SIC Code	
r of Business Conducted i					
SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) Vice President Name		•	
. Shand			n		
rive		604 Pontiac	Avenue		
State	Zip	City	State	Zip	
RI	02806	Cranston Treasurer Name	RI	02910	
		Street Address			
State	Zip	City	State	ZΙρ	
SES OF THE DIR	ECTORS (*X* BOX FOR A	ATTACHMENT) Director Name			
		Street Address			
State	Zip	City	State	ZIP	
		Director Name			
		Street Address	·		
State	Zip	City	State	Zip	
D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES			
Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
ALUE		400			
		200			
	office r of Business Conducted if SES OF THE OFFI . Shand rive State RI State State State Class/Series	S. State Zip State Zip State Zip State Zip Class/Series Par Value	Cranston S. HHODE ISLAND To Rusiness Conducted in Rhode Island SSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Shand TIVE State St	Cranston RI SESS OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Shand Sizet Address Sizet Address State Zip Clay State Zip Cly State Zip Cly State Sizet Address State Zip Cly State Zip Cly State Sizet Address Class/Sizetes ALUE 400	

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 compined berein are true and correct.

Signature of Officer Date Terry G.P.Shand 1/18/98

Print or Type Name of Officer

President

Title of Officer







James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

89420

WORLD SPORTS CAMP, INC.

3. Street Address Principal Business Office 631 PARK AVENUE

City

CRANSTON

State

Zio

4. Business Phone No.

5. State of Incorporation

RI

02910

401-461-4197

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

SUMMER SPORTS CAMP

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

RI

Vice President Name

TERRY G.P.SHAND

3 ROBBINS DRIVE

02806

604 PONTIAC AVENUE

CRANSTON

Treasurer Name

Street Address

JOHN R. NELSON

RΙ

Zip 02910

Secretary Name

BARRINGTON

SAME AS ABOVE

Street Address

State

Zip

City

SAME AS ABOVE

7.10

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

TERRY G.P. SHAND

3 ROBBINS DRIVE

BARRINGTON

RI.

Zip 02806 City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Serles

Par Value

ISSUITO SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

50

COMMON

NO PAR VALUE

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



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 berein are true and correct.

SHAND

Print or Type Name of Officer PRESIDENT

Title of Officer

