



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 02903-1535
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90625		2. Name of Corporation SAL'S SHOE AND SPORT, INC.			
3. Street Address Principal Business Office 115 RICE AVENUE			City EAST PROVIDENCE	State RI	Zip 02914-1833
4. Business Phone No. (401) 438-1648		5. State of Incorporation RHODE ISLAND			6. SIC Code 679
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL CLOTHING AND SPORTS EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VINCENT A. SPREMULLI			Vice President Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
Secretary Name VINCENT A. SPREMULLI			Treasurer Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VINCENT A. SPREMULLI			Director Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914-1833	EAST PROVIDENCE	RI	02914-1833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914-1833	EAST PROVIDENCE	RI	02914-1833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914-1833	EAST PROVIDENCE	RI	02914-1833
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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
600 NO PAR VALUE			100	COMMON	NO PAR

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



File Date	1-20-05
Check No.	3304
By:	2
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.

Margaret M. Spremulli 1/19/05
Signature of Officer Date
MARGARET M. SPREMULLI
Print or Type Name of Officer
VICE 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 OR PRINTED IN BLACK)

1. Corporate ID No. 90625		2. Name of Corporation SAL'S SHOE AND SPORT, INC.			
3. Street Address Principal Business Office 115 RICE AVENUE			City EAST PROVIDENCE	State RI	Zip 02914-1833
4. Business Phone No. (401) 438-1648		5. State of Incorporation RHODE ISLAND			6. SIC Code 679
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL CLOTHING AND SPORTS EQUIPMENT. AND SUMMER CAMP					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VINCENT A. SPREMULLI			Vice President Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
Secretary Name VINCENT A. SPREMULLI			Treasurer Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VINCENT A. SPREMULLI			Director Name MARGARET M. SPREMULLI		
Street Address 115 RICE AVENUE			Street Address 115 RICE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914-1833	City EAST PROVIDENCE	State RI	Zip 02914-1833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914-1833	EAST PROVIDENCE	RI	02914-1833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914-1833	EAST PROVIDENCE	RI	02914-1833
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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
600 NO PAR VALUE			100	COMMON	NO PAR

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



* 9 0 6 2 5 *

File Date 1-16-04
Check No. 3123
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] 1/14/04
Signature of Officer Date

MARGARET M. SPREMULLI
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



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

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 PRINTED IN BLACK

1. Corporate ID No. 90625
2. Name of Corporation SAL'S SHOE AND SPORT, INC.
3. Street Address Principal Business Office
115 RICE AVENUE
4. Business Phone No. (401) 438-1648
5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island

City EAST PROVIDENCE State RI Zip 02914-1833
6. SIC Code 679

Sales of sporting clothing and summer camp

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

President Name VINCENT A. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833 Secretary Name VINCENT A. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833	Vice President Name MARGARET M. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833 Treasurer Name MARGARET M. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name VINCENT A. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833	Director Name MARGARET M. SPREMULLI Street Address 115 RICE AVENUE City EAST PROVIDENCE State RI Zip 02914-1833
--	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 9 0 6 2 5 *

File Date: 2/14/03
Check No.: 2947
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 2/14/03

MARGARET M. SPREMULLI

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer



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

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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90625**
2. Name of Corporation **SAL'S SHOE AND SPORT, INC.**
3. Street Address Principal Business Office
115 Rice Avenue
4. Business Phone No. **(401) 438-1648**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Sales of Sporting Clothes and a Summer Camp

City State Zip
East Providence RI 02914-1833
6. SIC Code
679

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

President Name Vincent A. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833 Secretary Name Vincent A. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833	Vice President Name Margaret M. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833 Treasurer Name Margaret M. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833
--	---

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

Director Name Vincent A. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833	Director Name Margaret M. Spremulli Street Address 115 Rice Avenue City State Zip East Providence RI 02914-1833
--	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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



* 9 0 6 2 5 *

File Date: 1-16-02
Check No.: 2785
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.

Margaret M. Spremulli 01/15/02
Signature of Officer Date
Margaret M. Spremulli
Print or Type Name of Officer
Vice President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90625** 2. Name of Corporation **SAL'S SHOE AND SPORT, INC.**

3. Street Address Principal Business Office City State Zip

115 Rice Avenue

East Providence RI

02914

4. Business Phone No.

(401) 438-1648

5. State of Incorporation
RHODE ISLAND

679

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

Summer Camp and sales of sporting clothes.

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

President Name

Vincent A. Spremulli

Vice President Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

Street Address

115 Rice Avenue

City

State

Zip

East Providence RI

02914-1833

City

State

Zip

East Providence RI

02914-1833

Secretary Name

Vincent A. Spremulli

Treasurer Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

Street Address

115 Rice Avenue

City

State

Zip

East Providence RI

02914-1833

City

State

Zip

East Providence RI

02914-1833

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

Director Name

Vincent A. Spremulli

Director Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

Street Address

115 Rice Avenue

City

State

Zip

East Providence RI

02914-1833

City

State

Zip

East Providence RI

02914-1833

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



* 9 0 6 2 5 *

File Date: 1/17

Check No.: 2617

By: re

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.

Margaret M. Spremulli 01/13/01
Signature of Officer Date

Margaret M. Spremulli
Print or Type Name of Officer

Vice President
Title of Officer



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

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90625** 2. Name of Corporation **SAL'S SHOE AND SPORT, INC.**

3. Street Address Principal Business Office City State Zip

115 Rice Avenue

4. Business Phone No.

(401) 438-1648

5. State of Incorporation

RHODE ISLAND

East Providence RI

Zip

02914
6. SIC Code
679

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

Summer camp and sales of sporting clothes.

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

President Name

Vincent A. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

Secretary Name

Vincent A. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

Vice President Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

Treasurer Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

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

Director Name

Vincent A. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

Director Name

Margaret M. Spremulli

Street Address

115 Rice Avenue

City State Zip
East Providence RI 02914

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

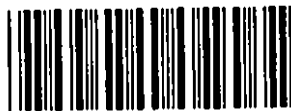
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No Par

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



* 9 0 6 2 5 *

File Date: **PAID** *100*

Check No.: **MAY 12 2000** *2500*

By: **SEC'Y OF STATE**

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.

Vincent A. Spremulli 5/9/00
Signature of Officer Date

VINCENT A. SPREMULLI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90625** 2. Name of Corporation **SAL'S SHOE AND SPORT, INC.**

3. Street Address Principal Business Office **115 Rice Avenue** City **East Providence** State **RI** Zip **02914**

4. Business Phone No. **(401) 438-1648** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **679**

7. Brief Description of the Character of Business Conducted in Rhode Island
Summer camp and sales of sporting clothing.

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

President Name **Vincent A. Spremulli** Vice President Name **Margaret M. Spremulli**
Street Address **115 Rice Avenue** Street Address **115 Rice Avenue**

City **East Providence** State **RI** Zip **02914** City **East Providence** State **RI** Zip **02914**

Secretary Name **Vincent A. Spremulli** Treasurer Name **Margaret M. Spremulli**

Street Address **115 Rice Avenue** Street Address **115 Rice Avenue**

City **East Providence** State **RI** Zip **02914** City **East Providence** State **RI** Zip **02914**

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

Director Name **Vincent A. Spremulli** Director Name **Margaret M. Spremulli**

Street Address **115 Rice Avenue** Street Address **115 Rice Avenue**

City **East Providence** State **RI** Zip **02914** City **East Providence** State **RI** Zip **02914**

Director Name _____ Director Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No Par

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



File Date: **MAR 30 1999**

Check No.: **12345**

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.

Vincent A. Spremulli 3/19/99
Signature of Officer Date

Vincent A. Spremulli
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90625** 2. Name of Corporation **SAL'S SHOE AND SPORT, INC.**

3. Street Address Principal Business Office **115 Rice Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0679**

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

Sales

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

President Name Vincent A. Spremulli Street Address 115 Rice Avenue City East Providence State RI Zip 02914	Vice President Name Margaret M. Spremulli Street Address 115 Rice Avenue City East Providence State RI Zip 02914
Secretary Name Margaret M. Spremulli Street Address 115 Rice Avenue City East Providence State RI Zip 02914	Treasurer Name Vincent A. Spremulli Street Address 115 Rice Avenue City East Providence State RI Zip 02914

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

Director Name Vincent A. Spremulli Street Address 115 Rice Avenue City East providence State RI Zip 02914	Director Name Margaret M. Spremulli Street Address 115 Rice Avenue City East Providence State RI Zip 02914
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
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common None

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



* 9 0 6 2 5 *

File Date: **2-23-98**
Check No.: **2101**
By: **WP**
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.

Margaret M. Spremulli
Signature of Officer Date
Margaret M. Spremulli
Print or Type Name of Officer
Vice President
Title of Officer



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

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. 90625 2. Name of Corporation Sal's Shoe and Sports, Inc.
3. Street Address Principal Business Office 115 Rice Avenue City East Providence State RI Zip 02914
4. Business Phone No. 5. State of Incorporation Rhode Island 6. SIC Code 0679

7. Brief Description of the Character of Business Conducted in Rhode Island Buy and sell clothing and sports equipment apparel
Sports camps and any other lawful business.

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

President Name Vincent A. Spremulli	Vice President Name Margaret M. Spremulli
Street Address 115 Rice Avenue	Street Address 115 Rice Avenue
City E. Providence State RI Zip 02914	City E. Providence State RI Zip 02914
Secretary Name Vincent A. Spremulli	Treasurer Name Margaret M. Spremulli
Street Address same as above	Street Address same as above
City State Zip	City State Zip

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

Director Name Vincent A. Spremulli	Director Name
Street Address same as above	Street Address
City State Zip	City State Zip
Director Name Margaret M. Spremulli	Director Name
Street Address same as above	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common	no par value	100	common	no par

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

File Date: 2/14/97
Check No.: 1889
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] 3/13/97
Signature of Officer Date

Vincent A. Spremulli
Print or Type Name of Officer

President
Title of Officer