



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42431		2. Name of Corporation CAPITAL BILLIARDS, LTD.			
3. Street Address Principal Business Office 2024-2026 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012321330		5. State of Incorporation RHODE ISLAND			6. SIC Code 9837
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL, LEASE SPORTING GOODS OF ALL KINDS, TYPE AND DESCRIPTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Costanzo, III			Vice President Name Anthony Costanzo, III		
Street Address 40 Jacksonia Drive			Street Address 40 Jacksonia Drive		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Anthony Costanzo, III			Treasurer Name Anthony Costanzo, III		
Street Address 40 Jacksonia Drive			Street Address 40 Jacksonia Drive		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
200 NO PAR VALUE				200 COMMON NO PAR	

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



4 2 4 3 1

42431 DBC 02/03/05 15 PM
FILED
File Date APR 11 2005
Check No. 30810
By MB
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 of Officer: Anthony Costanzo, III Date: 3/1/05
Print or Type Name of Officer: Anthony Costanzo, III
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42431		2. Name of Corporation CAPITAL BILLIARDS, LTD.			
3. Street Address Principal Business Office 2024-2026 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012321330		5. State of Incorporation RHODE ISLAND		6. SIC Code 9837	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL, LEASE SPORTING GOODS OF ALL KINDS, TYPE AND DESCRIPTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Costanzo, III			Vice President Name Anthony Costanzo, III		
Street Address 40 Jacksonia Drive			Street Address 40 Jacksonia Drive		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Anthony Costanzo, III			Treasurer Name Anthony Costanzo, III		
Street Address 40 Jacksonia Drive			Street Address 40 Jacksonia Drive		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
200 NO PAR VALUE				200	
				COMMON	
				NO PAR	

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



42431 DBC 01/10/04 11:28:11 AM

File Date 3/9/04

Check No. 27518

By: SC

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.

Anthony Costanzo, III 3/9/04

Signature of Officer Date

Anthony Costanzo, III

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**
3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

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

To sell, repair, lease sporting goods of all kind, type and description

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

President Name Anthony Costanzo, III	Vice President Name Anthony Costanzo, III
Street Address 40 Jacksonia Drive	Street Address 40 Jacksonia Drive
City State Zip N. Providence RI 02911	City State Zip N. Providence RI 02911
Secretary Name Anthony Costanzo III	Treasurer Name Anthony Costanzo III
Street Address 40 Jacksonia Drive	Street Address 40 Jacksonia Drive
City State Zip N. Providence RI 02911	City State Zip N. Providence RI 02911

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

Director Name None	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

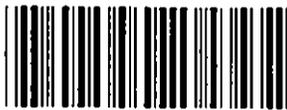
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
200 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No par

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



* 4 2 4 3 1 *

File Date: 2/24/03
Check No.: 23624
By: [Signature]

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] 2/24/03
Signature of Officer Date
ANTHONY COSTANZO III
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. **42431**
2. Name of Corporation **CAPITAL BILLIARDS, LTD.**
3. Street Address Principal Business Office
2024-2026 Smith Street
4. Business Phone No.
5. State of Incorporation
RHODE ISLAND

City **N. Providence** State **RI** Zip **02911**
6. SIC Code **9837**

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

To sell, repair, lease sporting goods of all kind, type and description

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

President Name
Anthony Costanzo, III
Street Address
40 Jacksonia Drive
City **N. Providence** State **RI** Zip **02911**

Vice President Name
Lisa Costanzo Amòrim
Street Address
40 Jacksonia Drive
City **N. Providence** State **RI** Zip **02911**

Secretary Name
Anthony Costanzo, III
Street Address
40 Jacksonia Drive
City **N. Providence** State **RI** Zip **02911**

Treasurer Name
Anthony Costanzo, III
Street Address
40 Jacksonia Drive
City **N. Providence** State **RI** Zip **02911**

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

Director Name
NONE
Street Address
City State Zip

Director Name
Street Address
City State Zip

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
200 NO PAR VALUE

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

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

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



* 4 2 4 3 1 *

File Date: 3-11-02
Check No.: 20319
By: [Signature]

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] 2/12/02
Signature of Officer Date
Anthony Costanzo
Print or Type Name of Officer
President
Title of Officer



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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**

3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

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

To sell, repair, lease sporting goods of all kind, type and description
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Vice President Name Lisa Costanzo Amorim Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911
Secretary Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Treasurer Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911

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

Director Name NONE Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
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
	200 SHS	NO PAR	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	no par

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



* 4 2 4 3 1 *

File Date: 2/22
Check No.: 110768
By: AC

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 of Officer: Anthony Costanzo Date: 2/14/01
Print or Type Name of Officer: ANTHONY COSTANZO
Title of Officer: PRESIDENT



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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**
3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

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

To sell, repair, lease sporting goods of all kind, type and description

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

President Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911 Secretary Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Vice President Name Lisa Costanzo Amorim Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911 Treasurer Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911
--	--

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

Director Name NONE 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 200 SHS NO PAR	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value 200 common no par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 3 1 *

File Date: 3/2/00
Check No.: 13759
By: AC
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 of Officer: Anthony Costanzo, III Date: 1/23/00
Print or Type Name of Officer: **Anthony Costanzo, III***
Title of Officer: **President**

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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**

3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
To sell, repair, lease sporting goods of all kind, type and description

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

President Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Vice President Name Lisa Costanzo Amorin Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911
Secretary Name Tara Costanzo Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Treasurer Name Tara Costanzo Street Address 40 Jacksonia Dr. City N. Providence State RI Zip 02911

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

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
200 SHS NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
200	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: 04-08-99
Check No.: 11034
By: JD

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 of Officer [Signature] Date 3/2/99
Print or Type Name of Officer ANTHONY COSTANZO III
Title of Officer PRESIDENT



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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**
3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. **232-1330** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
To sell, repair, lease sporting goods of all kind, type and description

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

President Name Anthony Costanzo, III	Vice President Name Lisa Costanzo Amarin
Street Address 40 Jacksonia Drive	Street Address 40 Jacksonia Drive
City State Zip N. Providence RI 02911	City State Zip N. Providence RI 02911
Secretary Name Tara Costanzo	Treasurer Name Tara Costanzo
Street Address 40 Jacksonia Drive	Street Address 40 Jacksonia Drive
City State Zip N. Providence RI 02911	City State Zip N. Providence RI 02911

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
200 SHS NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
200	common	no par

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



3/18

File Date: _____
Check No.: **7522**
By: **X.10**

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 of Officer: **Anthony Costanzo** Date: **3/9/98**
Print or Type Name of Officer: **ANTHONY COSTANZO**
Title of Officer: **President**



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. **42431** 2. Name of Corporation **CAPITAL BILLIARDS, LTD.**
3. Street Address Principal Business Office **2024-2026 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. **232-1330** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
To sell, repair, lease sporting goods of all kind, type and description

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

President Name Anthony Costanzo, III Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Vice President Name Lisa Costanzo Amorin Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911
Secretary Name Tara Costanzo Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911	Treasurer Name Tara Costanzo Street Address 40 Jacksonia Drive City N. Providence State RI Zip 02911

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	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
200 SHS NO PAR			200	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: 2/6/97
Check No.: 3669
By: [Signature]

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 of Officer: [Signature] Date: 1/24/97
Print or Type Name of Officer: ANTHONY COSTANZO III PRESIDENT
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 42431		2. NAME OF CORPORATION CAPITAL BILLIARDS, LTD.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2024-2026 Smith Street		CITY N. Providence	STATE RI	ZIP CODE 02911	
4. BUSINESS PHONE NO. 232-1330		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9837	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Sell, repair, lease sporting goods etc.					

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Phyllis J. Costanzo			VICE PRESIDENT NAME Anthony Costanzo, III		
STREET ADDRESS 40 Jacksonia Drive			STREET ADDRESS 40 Jacksonia Drive		
CITY N. Providence	STATE RI	ZIP CODE 02911	CITY N. Providence	STATE RI	ZIP CODE 02911
SECRETARY NAME Lisa Costanzo			TREASURER NAME Tara Costanzo		
STREET ADDRESS 40 Jacksonia Drive			STREET ADDRESS 40 Jacksonia Drive		
CITY N. Providence	STATE RI	ZIP CODE 02911	CITY N. Providence	STATE RI	ZIP CODE 02911

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Phyllis Costanzo			DIRECTOR NAME		
STREET ADDRESS 40 Jacksonia Drive			STREET ADDRESS		
CITY N. Providence,	STATE RI	ZIP CODE 02911	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
200 SHS NO PAR			None		

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.

File Date:

7/10/96

Check No:

11465

By:

W

For Secretary of State Use Only

Signature of Officer

Phyllis Costanzo

Print or Type Name of Officer

Phyllis Costanzo

Title of Officer

President

Date

6/20/96

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0042451 Annual Report for the year: 1995

Name of Corporation: CAPITAL BILLIARDS, LTD.

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:
sell, repair, lease sporting goods
etc.

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2024-2026 Smith Street
North Providence, Rhode Island
02911

Phone: () _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Phyllis Costanzo	40 Jacksonia Drive, North Providence, RI		
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony Costanzo, III	40 Jacksonia Drive, North Providence, RI		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Lisa Costanzo	40 Jacksonia Drive, North Providence, RI		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Tara Costanzo	40 Jacksonia Drive, North Providence, RI		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Phyllis Costanzo	40 Jacksonia Drive, North Providence, RI		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
200	Common		

Date January 11, 1995, 19__

By: Phyllis Costanzo
 Phyllis Costanzo
PRINT FOR TYPE NAME OF OFFICER SIGNING
 President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ALBERT J. LEPORE, ESQ.
 236 SOUTH MAIN ST.
 PROVIDENCE RI 02903

PAID
 LIQ 9672
 SEP 05 1995
 SECY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277-3040

File Annually
LLC Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

0042431

1994

Corporate ID: _____ Annual Report for the year: _____
CAPITAL BILLIARDS, LTD.

Name of Business Entity: _____

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: (_____) _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address Not P.O. Box):

2024--2026 Smith Street

North Providence, RI 02911

Phone: (401) 231-2020

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Phyllis Costanzo
President

40 Jacksonia Dr.
North Providence, RI

Brief statement of the character of business conducted in Rhode Island
sell, repair, lease sporting goods

etc.

Date of Organization: 3/30/87 *rlm*

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Phyllis Costanzo</u>	<u>40 Jacksonia Dr., North Providence, RI</u>		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Lisa Costanzo</u>	<u>40 Jacksonia Dr., North Providence RI</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Anthony Costanzo, III</u>	<u>40 Jacksonia dr., North Providence, RI</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Tara Costanzo</u>	<u>40 Jacksonia Dr., North Providence, RI</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Phyllis Costanzo</u>	<u>40 Jacksonia Dr., North Providence, RI</u>		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>200</u>	NUMBER
CLASS <u>Common</u>	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>without par value</u>	PAR VALUE OR WITHOUT PAR

Date March 9, 1994

By *Phyllis Costanzo*

Phyllis Costanzo
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1994

11031 1994
110465490
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ALBERT J. LEPORE, ESQ.
226 SOUTH MAIN ST.
PROVIDENCE RI 02903

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

4002997B

Corporate ID 0042431 Annual Report for the year 1993

FIRST: The name of the corporation is CAPITAL BILLIARDS, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting goods
of all kind, type and description

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
North Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Phyllis Costanzo</u>	<u>Director</u>	<u>40 Jacksonia Dr., N. Providence, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Phyllis Costanzo</u>	<u>President</u>	<u>40 Jacksonia Dr., N. Providence, RI</u>
<u>Lisa Costanzo</u>	<u>Vice President</u>	<u>" "</u>
<u>Anthony Costanzo, III</u>	<u>Secretary</u>	<u>" "</u>
<u>Tara Costanzo</u>	<u>Treasurer</u>	<u>" "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

REC'D
APR 23 1993
SEC'Y OF STATE

Dated March 16, 19 92 CAPITAL BILLIARDS, LTD.

(Name of Corporation)
By Phyllis Costanzo
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042431 Annual Report for the year 1992

FIRST: The name of the corporation is CAPITAL BILLIARDS, LID.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting goods
of all kind, type and description

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
North Providence, Ri

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Phyllis Costanzo	Director	40 Jacksonia Dr., N. Providence, RI
	Director	
	Director	
Phyllis Costanzo	President	40 Jacksonia Dr., N. Providence, RI
Lisa Costanzo	Vice President	" " "
Anthony Costanzo, III	Secretary	" " "
Tara Costanzo	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
200	common

PAID
Series
JUL 23 1992
SECY OF STATE

Par Value
or statement that
shares are without
par value

no par vlaue

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value
or statement that
shares are without
par value

Dated March 1, 19 92

CAPITAL BILLIARDS, INC.

(Name of Corporation)

By Phyllis Costanzo

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042430 Annual Report for the year 1992

FIRST: The name of the corporation is R. I. BILLIARDS CLUB, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to run a Billiard Club, restaurant and recre-
ational club.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
N. Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Phyllis Costanzo	Director	40 Jacksonia Drive, N. Providence, R.I.
Anthony Costanzo, Jr.	Director	" " "
	Director	" " "
Phyllis Costanzo	President	40 Jacksonia Drive, N. Providence, R.I.
Anthony Costanzo, Jr.	Vice President	" " "
Lisa Costanzo	Secretary	" " "
Anthony Costanzo, III	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	P A I D	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	JUL 23 1992	no par value

Dated February 28, 19 92

R. I. Billiards Club, Inc.
(Name of Corporation)

By Phyllis Costanzo

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

A. Ke.

Corporate ID 0042431 Annual Report for the year 1991

FIRST: The name of the corporation is CAPITAL BILLIARDS, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting goods
of all kind, type and description

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
N. Providence, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Phyllis Costanzo	Director	40 Jacksonia Dr., N. Providence, R.I.
	Director	
	Director	
Phyllis Costanzo	President	40 Jacksonia Dr., N. Providence, R.I.
Lis Costanzo	Vice President	" " "
Anthony Costanzo, III	Secretary	" " "
Tara Costanzo	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
200	common	

Par Value
or statement that
shares are without
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value
or statement that
shares are without
par value

PAID

JUN 26 1991

SECY OF STATE
Series

Dated February 18, 19 91

CAPITAL BILLIARDS, INC.

(Name of Corporation)

By Phyllis Costanzo

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0042431 Annual Report for the year 1990

FIRST: The name of the corporation is CAPITAL BILLIARDS, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting foods
of all kind, type and description

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
N. Providence, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Phyllis Costanzo</u>	<u>Director</u>	<u>40 Jacksonia Drive, N. Providence, R. I.</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Phyllis Costanzo</u>	<u>President</u>	<u>40 Jacksonia Drive, N. Providence, R.I.</u>
<u>Lisa Costanzo</u>	<u>Vice President</u>	<u>" "</u>
<u>Anthony Costanzo, III</u>	<u>Secretary</u>	<u>" "</u>
<u>Tara Costanzo</u>	<u>Treasurer</u>	<u>" "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
APR 16 1990
Par Value or statement that shares are without par value

SECRETARY OF STATE

Dated February 15, 19 90

CAPITAL BILLIARDS, INC.

(Name of Corporation)

By Phyllis Costanzo

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 42431 Annual Report for the year 1988

FIRST: The name of the corporation is CAPITAL BILLIARDS, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting goods
of all kind, type and description.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
N. Providence, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Phyllis Costanzo	Director	40 Jacksonia Dr., N. Providence, R.I.
	Director	
	Director	
Phyllis Costanzo	President	40 Jacksonia Dr., N. Providence, R.I.
Lisa Costanzo	Vice President	" " " "
Anthony Costanzo, III	Secretary	" " " "
Tara Costanzo	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	PAID	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

MAR 28 1988
SECY OF STATE

Dated February 3, 19 88

CAPITAL BILLIARDS, LTD.
(Name of Corporation)
By Phyllis J. Costanzo
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042431 Annual Report for the year 1989

FIRST: The name of the corporation is CAPITAL BILLIARDS, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is to sell, repair, lease sporting foods
of all kind, type and description

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 2024-2026 Smith Street
N. Providence, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Phyllis Costanzo	Director	40 Jacksonia Drive, N. Providence, R.I.
	Director	
	Director	
Phyllis Costanzo	President	40 Jacksonia Drive, N. Providence, R.I.
Lisa Costanzo	Vice President	" " " "
Anthony Costanzo, III	Secretary	" " " "
Tara Costanzo	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	MAY 05 1989	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated February 21, 19 89

CAPITAL BILLIARDS, LTD.

(Name of Corporation)

By Phyllis Costanzo
Title President

(Report must be signed by an officer)