



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3990

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 125539		2. Exact name of the limited liability company Elite Womens Hockey, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Ice Hockey Camps		
5. Principal office address 22 Windover Turn		City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Beth M. McCann		Contact Title President		
Street Address 22 Windover Turn		City Westerly	State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	State
Manager Name		Manager Name		
Street Address		Street Address		
City	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 Beth McCann		Address		
Address 22 Windover Turn		City Westerly	Zip 02891-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	8/4/06
Check No.	325
By	<i>B</i>
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.

Beth M. McCann
Signature of Authorized Person Date 8/2/06
Beth M. McCann 8/2/06
Print or Type Name of Authorized Person



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

1. ID No. <u>125539</u>	2. Exact name of the limited liability company <u>Elite Womens Hockey, LLC</u>
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3. State of Formation <u>RI</u>	4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Ice Hockey camps</u>
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5. Principal office address <u>22 Windover Turn</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name <u>Beth McCann</u>	Contact Title <u>President</u>

Street Address <u>22 Windover Turn</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
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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	Street Address	City	State	Zip

Street Address	City	State	Zip

City	State	Zip	City	State	Zip

Manager Name	Street Address	City	State	Zip

Street Address	City	State	Zip

City	State	Zip	City	State	Zip

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

Address	City	Zip

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

05 MAR 21 AM 11:11
 SECRETARY OF STATE
 CORPORATION DIVISION

FILED

File Date MAR 21 2005

Check No. By M6099

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.

Beth M. McCann 3/18/05
Signature of Authorized Person Date

BETH M. McCann
Print or Type Name of Authorized Person

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 BLACK

1. ID No. 125539	2. Exact name of the limited liability company Elite Womens Hockey, LLC
3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Ice Hockey Camps

5. Principal office address 22 Windover Turn	City Westerly	State RI	Zip 02891
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Beth McCann		Contact Title President	
Street Address 22 Windover Turn		City Westerly	State RI
		State RI	Zip 02891

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	Street Address	City	State	Zip

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	
Address	City	Zip

FILED
 SECRETARY OF STATE
 CORPORATIONS DIV
 05 MAR 21 AM 11:40

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

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.

FILED	
File Date	MAR 21 2005
Check No.	By [Signature]
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

[Signature] 3/18/05
Signature of Authorized Person Date

BETH M. McCann
Print or Type Name of Authorized Person