



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 02903-133  
401.222.304

**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. 99541		2. Name of Corporation Skater Island, Inc.			
3. Street Address Principal Business Office 36 GREEN END AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-848-8078		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF INLINE SKATING AND SKATEBOARDING FACILITIES AS WELL AS THE PROMOTION OF AND SALE OF INLINE SKATING AND SKATEBOARDING ITEMS AND FACILITIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARY O'NEILL			Vice President Name		
Street Address 36 Green End Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name Joseph Flynn		
Street Address			Street Address 50 VIA BELLELA		
City	State	Zip	City SAN CLEMENTE	State CA	Zip 92673
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARY O'NEILL			Director Name Joseph Flynn		
Street Address 36 GREEN END AVE			Street Address 50 VIA BELLELA		
City MIDDLETOWN	State RI	Zip 02842	City SAN CLEMENTE	State CA	Zip 92673
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
3,000	NO PAR VALUE		0		NPV

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



File Date: 2-16-05  
Check No.: 214  
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 of Officer: [Signature] Date: 2-9-05  
Print or Type Name of Officer: MARY O'NEILL  
PRESIDENT



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 02903-13  
401.222.30

**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. <b>99541</b>		2. Name of Corporation <b>Skater Island, Inc.</b>			
3. Street Address Principal Business Office <b>1747 WEST MAIN ROAD</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>401-848-8078</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>THE OPERATION OF INLINE SKATING AND SKATEBOARDING FACILITIES AS WELL AS THE PROMOTION OF AND SALE OF INLINE SKATING AND SKATEBOARDING ITEMS AND FACILITIES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MARY O'NEILL</b>			Vice President Name		
Street Address <b>36 GREEN END AVE</b>			Street Address		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name			Treasurer Name <b>JOSEPH FLYNN</b>		
Street Address			Street Address <b>50 VIA BELLECA</b>		
City	State	Zip	City <b>SAN GEMENTE</b>	State <b>CA</b>	Zip <b>92673</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>MARY O'NEILL</b>			Director Name <b>JOSEPH FLYNN</b>		
Street Address <b>36 GREEN END AVE</b>			Street Address <b>50 VIA BELLECA</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>SAN GEMENTE</b>	State <b>CA</b>	Zip <b>92673</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
<b>3,000 NO PAR VALUE</b>			<b>0</b>		<b>NO PAR VALUE</b>

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



\* 9 9 5 4 1 \*

File Date 2/25/04  
Check No. 2054  
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.

Mary O'Neill 2-25-04  
Signature of Officer Date  
MARY O'NEILL  
Print or Type Name of Officer  
PRESIDENT



**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. **99541** 2. Name of Corporation **Skater Island, Inc.**  
3. Street Address Principal Business Office **1787 West Main Rd** City **Middletown** State **RI** Zip **02842**  
4. Business Phone No. **401-848-8078** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Recreational indoor Skate park**

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

President Name <b>O'Neill, Mary</b> Street Address <b>36 Green End Ave</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	Vice President Name <b>Douglas O'Neill</b> Street Address <b>36 Green End Ave.</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>
Secretary Name <b>O'Neill, MARY</b> Street Address <b>36 Green End Ave</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	Treasurer Name <b>Douglas O'Neill</b> Street Address <b>36 Green End Ave</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>

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

Director Name <b>Mary O'Neill</b> Street Address <b>36 Green End Avenue</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	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  
**3,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**3000 shares**

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



\* 9 9 5 4 1 \*

File Date: 2/4/03  
Check No.: 3122  
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: Mary O'Neill Date: 1-18-03  
Print or Type Name of Officer: Mary O'Neill  
President, Sec.



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. 99541 2. Name of Corporation Skater Island, Inc.  
3. Street Address Principal Business Office 1120 AQUIDNECK AVENUE City MIDDLETOWN State R.I. Zip 02842  
4. Business Phone No. 401-846-6767 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island  
OPERATION OF A SKATE PARK, AND related business

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

President Name MARY L. O'NEILL Vice President Name \_\_\_\_\_  
Street Address 36 GREEN END AVENUE Street Address \_\_\_\_\_  
City MIDDLETOWN State R.I. Zip 02842 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name MARY L. O'NEILL Treasurer Name MARY L. O'NEILL  
Street Address 36 GREEN END AVE Street Address 36 GREEN END AVE  
City MIDDLETOWN State R.I. Zip 02842 City MIDDLETOWN State R.I. Zip 02842

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

Director Name MARY L. O'NEILL Director Name JOSEPH P. FLYNN  
Street Address 36 GREEN END AVENUE Street Address 1120 AQUIDNECK AVENUE  
City MIDDLETOWN State R.I. Zip 02842 City MIDDLETOWN State R.I. Zip 02842

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  
3,000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 NPV

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



\* 9 9 5 4 1 \*

File Date: 1-14-02  
Check No.: 2243  
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.  
Mary O'Neill 1/11/02  
Signature of Officer Date  
Mary O'Neill  
Print of True Name of Officer  
President



**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. **99541** 2. Name of Corporation **Skater Island, Inc.**  
3. Street Address Principal Business Office **36 Green End Avenue** City **Middletown** State **RI** Zip **02842**  
4. Business Phone No. **(401) 848-7485** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RECREATIONAL SKATING FACILITY**

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

President Name <b>Mary O'Neill</b>	Vice President Name
Street Address <b>36 Green End Avenue</b>	Street Address <b>same</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	City <b>same</b> State <b>RI</b> Zip <b>02842</b>
Secretary Name	Treasurer Name
Street Address <b>same</b>	Street Address <b>same</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	City <b>same</b> State <b>RI</b> Zip <b>02842</b>

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

Director Name <b>Mary O'Neill</b>	Director Name
Street Address <b>36 Green End Avenue</b>	Street Address
City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	City <b>same</b> State <b>RI</b> Zip <b>02842</b>
Director Name	Director Name
Street Address	Street Address
City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	City <b>same</b> State <b>RI</b> Zip <b>02842</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>3,000 NO PAR VALUE</b>		<b>NPV</b>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>		<b>NPV</b>

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



\* 9 9 5 4 1 \*

File Date: 6-6-01  
1737  
Check No.: 2  
By: \_\_\_\_\_

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.

Mary O'Neill 3-15-01  
Signature of Officer Date  
MARY O'NEILL  
Print or Type Name of Officer



**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. 99541 2. Name of Corporation Skater Island Inc.  
3. Street Address Principal Business Office P.O. Box 4136 City Middletown State RI Zip 02842  
4. Business Phone No. 401-848-7485 5. State of Incorporation Rhode Island 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Operation of skateboarding, inline + bike facilities as well as promotion and sale of sa

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name Mary F O'Neill Vice President Name Douglas O'Neill  
Street Address 36 Green End Ave. Street Address 36 Green End Avenue  
City Middletown State RI Zip 02842 City Middletown State RI Zip 02842  
Secretary Name Mary F. O'Neill Treasurer Name William J Flynn  
Street Address 36 Green End Ave. Street Address 6 Howland Avenue  
City Middletown State RI Zip 02842 City Middletown State RI Zip 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name Mary F. O'Neill  
Street Address 36 Green End Ave.  
City Middletown State RI Zip 02842

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
300 NPV

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 NPV

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

**FILED**

File Date: NOV 24 2000 00. 11 AM TO 1 25 NOV  
Check No. BY 25418  
By: \_\_\_\_\_  
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

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 Mary F. O'Neill Date 11-24-00  
Print or Type Name of Officer MARY F. O'NEILL



**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. **99541** 2. Name of Corporation **Skater Island, Inc**  
 3. Street Address Principal Business Office **P.O. Box 4136** City **Middletown** State **RI** Zip **02842**  
 4. Business Phone No. **401-848-7485** 5. State of Incorporation **Rhode Island** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of skateboarding, inline + bike facilities as well as promotion and sale of Sam**

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

President Name <b>Mary F. O'Neill</b> Street Address <b>36 Green End Ave.</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	Vice President Name <b>Douglas O'Neill</b> Street Address <b>36 Green End Ave.</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>
Secretary Name <b>Mary F O'Neill</b> Street Address <b>36 Green End Ave.</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	Treasurer Name <b>William J. Flynn</b> Street Address <b>6 Howland Avenue</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>

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

Director Name <b>Mary F O'Neill</b> Street Address <b>36 Green End Ave.</b> City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	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)

Number of Shares	Class/Series	Par Value
<b>3000</b>		<b>NPV</b>

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

Number of Shares	Class/Series	Par Value
<b>100</b>		<b>NPV</b>

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

**FILED**

File Date: **NOV 24 2000**  
 Check No.: **254481**  
 By: \_\_\_\_\_  
 By: \_\_\_\_\_

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.

**NOV 24 2000**  
 Signature of Officer: **Mary F. O'Neill** Date: **11-24-00**  
 Signature of Officer: **Mary F. O'Neill**  
 Print or Type Name of Officer: **Mary F. O'Neill**