



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 13 2020

BY

1326 OS

1 Entity ID Number 81029		2. Exact name of the Corporation Bennett Sports, Inc.			
3 Principal Office Address 900 Phenix Avenue			City Cranston	State RI	Zip 02921
4 NAICS Code 451140	6 Brief description of the character of business conducted in Rhode Island  Buying, selling and dealing in sporting goods				
5 State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name William P. Bennett			Vice-President Name Jennifer Bennet		
Street Address 900 Phenix Avenue			Street Address 900 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Jennifer Bennet			Treasurer Name William P. Bennett		
Street Address 900 Phenix Avenue			Street Address 900 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name William P. Bennett			Director Name		
Street Address 900 Phenix Avenue			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			300		
			Common		
			No par value		
11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative William P. Bennett <i>William P. Bennett</i>					Date 2/20/2020
Signature of Authorized Representative <i>William P. Bennett</i>					

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov