

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 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 IN BLACK) 2. Name of Corporation 1. Carporate ID No. 92154 CLASSIC ENTERTAINMENT & SPORTS, INC. 3. Street Address Principal Business Office State Zip 52 AMBROSE STREET NORTH PROVIDENCE RΙ 02904 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 0 4017242253 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROMOTE, ADVERTISE AND MARKET BOXING, SPORTING AND ENTERTAINMENT. 8. NAMES AND ADDRESSES OF THE OFFICERS_("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name . SAME AS ABOVE JAMES V. BURCHFIELD SR. Street Address Street Address 52 AMBROSE STREET State Zip City State Zip Ciry NORTH PROVIDENCE RI 02904 Secretary Name Treasurer Name SAME AS ABOVE SAME AS ABOVE * Street Address Street Address City State Zip City State Zip TACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR AT Director Name Director Name Street Address .Street Address City State Zip ·City State Zıp Director Name Director Name Street Address Street Address Zip State .City State City 2ip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series COMMON \$1.00 8,000 \$1.00 PAR VALUE 8000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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92154 DBC 03/04/05 02:39:02 PM	and that all statements contained herein ale truggand correct.
File Date FILED	Acharul Officer Date
Check No. MAR 0 9 2005	JAMES V. BURCHFIELD SR.
By: By	Print or Type Name of Officer PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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	CORPORATION	REPORT	FOR	THE	YEAR	_2003



(FORM MUST BE TYTED OR PR 1. Corporate ID No.	UNTED IN BLACK) 2. Name of Corpora			• -	
92154	•	ITERTAINMENT & SPORTS	: INC		
3. Street Address Principal Busin		TENTAMBENT & SPONTS	City	State	Zip
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52 Ambrose St	creet	Zip	City	State	Zip
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FOR SECRETARY C	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have e	bontmax
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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 BLA	CK)				
1. Corporate ID No.	2. Name of Corpore				
92154		NTERTAINMENT & SPOI	· •		,
3. Street Address Principal Business	•		City	State	Zip
52 Ambrose St	treet		North Provid	dence _ RI .	1.02904
(401) 724-2253		5. State of Incorporation			6. SIC Code
7. Brief Description of the Character	of Rusiness Conducted	RHODE ISLAN	IU 		
Promote and man	nage sport	ing events.			
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		-
James V. Burch	hfield, Sr	•		· - · - ·	
Street Address		·	Street Address		
52 Ambrose St		+			_
City	State	Zip	City	State	Zip
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Secretary Name			Treasurer Name		
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FOR SECRETARY O	F 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.

that all statements contained herein are true and correct.

James V. Burchfield Sr.

Print or Type Name of Officer
President

Title of Officer

Ferm 630 12/01

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

REPORT FOR THE YEAR 2001

PROFIT CORPORATION	ANNUAL F
Filing Period: January 1-March 1 •	Filing Fee: \$50.0

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation
CLASSIC ENTERTAINMENT & SPORTS, INC. 92154 ZIp 3. Street Address Principal Business Office State 52 Ambrose St. 02904 North Providence RI S. State of Incorporation RHODE ISLAND 4. Business Phone No. (401) 724-2253 7. Brief Description of the Character of Business Conducted in Rhode Island Promote and Manage Sporting Events. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name James V. Burchfield, Sr. Same Street Address Street Address 52 Ambrose St City State Zip 02904 North Providence RI Secretary Name Treasurer Name Same Same Street Addréss Street Address City Zip City State State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name N/A Street Address Street Address City State Zip Cin State Zip Director Name Director Name Street Address Street Address City State Zip CIty State .Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESTUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value Par Value 8,000 SHS \$1.00 PAR VALUE 100

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



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.

Fing V Signature of Officer

Burchfield, SR. James V. Print or Type Name of Officer

President

Title of Officer

r 420 1200



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

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File Date:	MAR 0 9 2000	 .
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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.
Jam Bulfuld SR 5/9/2000
Starfature of Officer Date
JAMES V BURCH FIELD SE
Print or Type Name of Officer
PRESI
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT	CORPORATION	ANNUAL I	REPORT	FOR	THE	YEAR	1999
Filing Period	l: January 1-March I 🔹	Filing Fee: \$50.0	00				

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(FORM MUST BE TYPED IN BLACK)				
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3. Street Address Principal Business Off			City	State	Zip
52 Ambrose Stree	e t		N. Providence	RI	02904
4. Business Phone No.	·	5. State of Incorporation			6. SIC Code
		RHode Islan	đ		9656
7. Brief Description of the Character of	Business Conducted in Rho	L			
Promote and mana	age sporting	events			ì
8. NAMES AND ADDRESSE			MENT) FILL IN SPACES BEFO	RE USING ATTACHME	NTS
President Name			Vice President Name		· · · · · · · · · · · · · · · · · · ·
James V. Burchf:	ield, Sr.		Same		
Street Address			Street Address		
52 Ambrose Stree	e t	.,			
City	State	Zip	City	State	Zip
N. Providence	RI	02904		••••••	
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Director Name	l	I	Director Name	<u>.</u>	L
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This report must be signed	l in ink by either i	the President, Vice Pr	resident. Secretary: Assistan	t Secretary Treasurer	Receiver or Trustee
report most or signed	by citie!		icorneitt, occiciaty, rissistati	. occietary, measures,	or mostle

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Ву:	127/40
FOR SECRETARY O	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 buch of Date 2-15-99

James V. Burchfield. Sr.
Print or Type Name of Officer

President

Title of Officer



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 9	8
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STOP PILASE READ. INSPECTIONS

(FORM MUST BE TYPED IN BLA					
1. Corporate ID No.	2. Name of Corporation		· · ·		
92154 3. Street Address Principal Business		Entertainmen	t & Sports, Inc.	* State	¹ Zip
52 Ambrose St. 4. Business Phone No.	reet	5. State of Incorporati	NProvidence	RI	0 2 9 0 4 * 6. SIC Code
7. Brief Description of the Characte	r of Business Conducted in	RI Rhode Island			9656
Promote and mana 8. NAMES AND ADDRES President Name	age sporting	gevents	FACHMENT) : Vice President Name		• • •
James V. Burch: Street Address	field, Sr.		SAME Street Address		
2 Ambrose Stree	e t [*] State	Zip	City	• State	Zip -
N. Providence Secretary Name	RI	02904	Treasurer Name		
SAME			SAME		
Street Address			Street Address		<u></u>
City	State	' Zip	City	T State	- T Zip +
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS (*x* BOX FOR	ATTACHMENT) Director Name		
NONE Street Address			Street Address		
City	State	Zip	City	T State	Zip
Director Name			Director Name	1 ••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	į State	Zip	City	State	-T Zip
10. SHARES AUTHORIZI	ED (*X* BOX FOR ATTA	СНМЕНТ)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series ~	∏ Par Value →
1000	Common	none	100	Common	none
			I I	•	•

		Under penalty of per
		this report, including
File Date:	49/90	that all statements
Check No.:	718	Signature of Officer
Ву:	\sim	Jame V . Print or Type Name of Off
FOR SECRETARY OF	STATE LISE ONLY	President
ION SECRETARY OF	41114 OU4 (1114)	Title of Officer

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

Date

Lames V. Burchfield, Sr

Print or Type Name of Officer



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





	CKU				
1. Corporate ID No.	2. Name of Corporation	·			
92154 3. Street Address Principal Business		Entertainment	Sports, Inc.	State	Zip
52 Art 4. Business Phone No.	mbrose Stree	5. State of Incorporation	North Providence	RI	02904 6. SIC Code
(401) $724-2257. Brief Description of the Character$		Rhode Island	and _		9696
Management ar 8. NAMES AND ADDRES President Name		of Sporting F ERS (*X* BOX_FOR ATTACH)		· · · · · · · · · · · · · · · · · · ·	
James V. Buro	chfield, 💃 .	• • •	James V. Bur	chfield, Sr.	
728 Valley St	treet State	7 Zip	52 Ambrose St	reet State -	Zip
Providence Secretary Name	RI	02908	North Providence	RI	02904
James V. Burd	chfield, Sr.	-	James V. Burd	hfield, § r.	
52 Ambrose St	treet State	, zip – –	728 Valley St	reet State	Tzip
North Providence 9. NAMES AND ADDRESS		02904 TORS ("X" BOX FOR ATTAC		RI	02908
Director Name			: Director Name :		
None	· ·		Street Address		• • -
City	State	Zip	City	State	Zip
Director Name			Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••
Street Address			Street Address		
City -	State	1 Zip	City	State	; Zip
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AUTHORIZED SHARES			Number of Shares	Class/Series	Par Value
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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.

James V. Burchfield Dgr.

Print or Type Name of Officer

President

Title of Officer



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)				COMPLETING THIS FORM	
1. Corporate ID No.	2. Name of Corporati	on				
92154	CLASSI	C ENTERTAINM	ENT & SPORTS, INC.			
3. Street Address Principal Business Off	Tce		City	State	Zip	
52 AMBROSE STRE	EET		NO.PROVIDENCE,	RI	02904	
4. Business Phone No.		5. State of Incorporation	on .		6. SIC Code	
			RHODE ISLAND		9696	
7. Brief Description of the Character of						
MANAGEMENT AND						
8. NAMES AND ADDRESSE	S OF THE OFFI	CERS ("X" BOX FOR ATT	• • • • • • • • • • • • • • • • • • • •			
President Name			Vice President Name	ETELD CD		
JAMES V. BURCHE	TELD, JR.		JAMES V. BURCH	FIELD, SR.		
	na.		Street Address 52 AMBROSE STR	ពិទីកា		
728 VALLEY STRE	State	Zip	City	State	Zip	
PROVIDENCE,	RI	02908	NO.PROVIDENCE	RI	02904	
Secretary Name	}	102300	Treasurer Name			
JAMES V. BURCH	TELD. SR.		JAMES V. BURCH	FIELD. JR.		
Street Address			: Street Address			
52 AMBROSE STRE	EET		728 VALLEY STREET			
City	State	Zip	City	State	Zip	
NO.PROVIDENCE	RI	02904	PROVIDENCE	RI	02908	
9. NAMES AND ADDRESSE	S OF THE DIRE	CTORS ("X", BOX FOR A	TTACHMENT)			
9. NAMES AND ADDRESSE Director Name	S OF THE DIRE	CTORS ("X", BOX FOR A	TTACHMENT) P			
JAMES V. BURCHI	FIELD, JR.					
JAMES V. BURCHI Street Address 728 VALLEY STRI	FIELD, JR. EET	,	Director Name Street Address			
JAMES V. BURCHI Street Address 728 VALLEY STRI	FIELD, JR.	zip	. Director Name	State	Zip	
JAMES V. BURCHI Street Address 728 VALLEY STRI City PROVIDENCE,	FIELD, JR. EET	,	Street Address City		Zip	
JAMES V. BURCHI Street Address 728 VALLEY STRI City PROVIDENCE, Director Name	EET State RI	zip 02908	Director Name Street Address		Zip	
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			<u>.</u>
File Date: 7/1/97 Check No.: 1290	•	this report, including that all statements con	ary, I declare and affirm that I have examined any accompanying schedules and statements, and statements and talend herein are true and correct. 7-1-97 Date RCHFIELD, JR.
FOR SECRETARY OF STATE USE ONLY		Prince Type Name of Offi PRESIDENT Title of Officer	