



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 02903-1335
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)

1. Corporate ID No. 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.			
3. Street Address Principal Business Office 52 AMBROSE STREET			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 4017242253		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES V. BURCHFIELD SR.			Vice President Name SAME AS ABOVE		
Street Address 52 AMBROSE STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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) <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
8,000	\$1.00 PAR VALUE		8000	COMMON	\$1.00

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



9 2 1 5 4

92154 DBC 03/04/05 02:39:02 PM

File Date **FILED**

Check No. **MAR 09 2005**

By: **22**

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.

JAMES V. BURCHFIELD SR.
Signature of Officer
Date **3-4-05**
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 02903-1335
401.222.3040

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 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.			
3. Street Address Principal Business Office 52 AMBROSE STREET		City NORTH PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. 4017242253		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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 () FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES V. BURCHFIELD SR.			Vice President Name SAME		
Street Address 52 AMBROSE STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS					
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 () 11. SHARES ISSUED (X) BOX FOR ATTACHMENT ()					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE	0		

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



9 2 1 5 4

92154 DBC 02/07/05 03:00:00 PM

FILED

File Date **MAR 10 2004**

Check No. **By M 24140**

By _____

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

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/01



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.	
3. Street Address Principal Business Office 52 Ambrose Street		City North Providence	State RI
4. Business Phone No. (401) 724-2253		5. State of Incorporation RHODE ISLAND	
6. SIC Code 0			
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 James V. Burchfield, Sr.		Vice President Name Same	
Street Address 52 Ambrose Street		Street Address Same	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name N/A	
Street Address N/A		Street Address N/A	
City N/A	State N/A	City N/A	State N/A
Zip N/A		Zip N/A	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 8,000	Class/Series \$1.00	Par Value PAR VALUE	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 0	Class/Series 	Par Value 	

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



* 9 2 1 5 4 *

FILED

File Date: **MAR 26 2003**

Check No.: **By COM 11883**

By: **COM 11883**

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.

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

Title of Officer
5



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

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 BLACK)

1. Corporate ID No. 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.	
3. Street Address Principal Business Office 52 Ambrose Street		City North Providence	State RI
4. Business Phone No. (401) 724-2253		5. State of Incorporation RHODE ISLAND	Zip 02904
6. SIC Code 0			
7. Brief Description of the Character of Business Conducted in Rhode Island Promote and manage sporting events.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name James V. Burchfield, Sr.		Vice President Name	
Street Address 52 Ambrose Street		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
Secretary Name same		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Number of Shares 100	Class/Series
Par Value		Par Value	

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



* 9 2 1 5 4 *

File Date: 4-10-02

Check No.: 10865

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] Date 5-2-14-02

James V. Burchfield Sr.

Print or Type Name of Officer

President

Title of Officer



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

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



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. **92154** 2. Name of Corporation **CLASSIC ENTERTAINMENT & SPORTS, INC.**

3. Street Address Principal Business Office

City

State

Zip

52 Ambrose St.

North Providence RI

02904

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0

(401) 724-2253

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

Promote and Manage Sporting Events.

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

President Name

Vice President Name

James V. Burchfield, Sr.

Same

Street Address

Street Address

52 Ambrose St

City State Zip
North Providence RI 02904

City State Zip

Secretary Name

Treasurer Name

Same

Same

Street Address

Street Address

City State Zip

City 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

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

Number of Shares Class/Series Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100

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



* 9 2 1 5 4 *

File Date: **FILED**

Check No.: **MAR 23 2001**

By: **By Ce. 8630**

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.

James V. Burchfield, Sr. **3-16-01**
Signature of Officer Date

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

President
Title of Officer



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

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



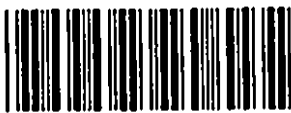
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.			
3. Street Address Principal Business Office 52 Ambrose Street			City North Providence	State RI	Zip 02904
4. Business Phone No. (401) 724-2253		5. State of Incorporation RHODE ISLAND			
6. SIC Code					
7. Brief Description of the Character of Business Conducted in Rhode Island Promote and manage sporting events.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James V. Burchfield, Sr.			Vice President Name James V. Burchfield, Sr.		
Street Address 52 Ambrose St.			Street Address 52 Ambrose St.		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name James V. Burchfield, Sr.			Treasurer Name James V. Burchfield, Sr.		
Street Address 52 Ambrose St.			Street Address 52 Ambrose St.		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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"/> 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
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



* FILED *

File Date: **MAR 09 2000**

Check No.: **By 066739**

By:

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.

James V. Burchfield Sr 5/9/2000
Signature of Officer Date

JAMES V Burchfield Sr
Print or Type Name of Officer

PRES
Title of Officer



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

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92154		2. Name of Corporation Classic Entertainment & Sports, Inc.			
3. Street Address Principal Business Office 52 Ambrose Street			City N. Providence	State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation RHode Island			6. SIC Code 9656
7. Brief Description of the Character of Business Conducted in Rhode Island Promote and manage sporting events					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James V. Burchfield, Sr.			Vice President Name Same		
Street Address 52 Ambrose Street			Street Address		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/> 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
1000	Common	None	100	Common	None

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

FILED

File Date: APR 12 1999

Check No.: 221456

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.

James V. Burchfield, Sr. 2-15-99
Signature of Officer Date

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

President
Title of Officer



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

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 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92154 2. Name of Corporation Classic Entertainment & Sports, Inc.
3. Street Address Principal Business Office 52 Ambrose Street City NProvidence State RI Zip 02904
4. Business Phone No. 5. State of Incorporation RI 6. SIC Code 9656

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

Promote and manage sporting events

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

President Name James V. Burchfield, Sr. Vice President Name SAME
Street Address Street Address

52 Ambrose Street City Providence State RI Zip 02904

Secretary Name SAME Treasurer Name SAME
Street Address Street Address
City City State State Zip Zip

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

Director Name NONE Director Name
Street Address Street Address

City City State State Zip Zip

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 Common none

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common none

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

File Date: 11/9/98

Check No.: 318

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 11/5/98

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

President

Title of Officer



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

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 1998 *GM*

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92154 2. Name of Corporation Classic Entertainment & Sports, Inc.
3. Street Address Principal Business Office 52 Ambrose Street City North Providence State RI Zip 02904
4. Business Phone No. (401) 724-2253 5. State of Incorporation Rhode Island 6. SIC Code 9696

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

Management and Promotion of Sporting Events

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

President Name	Vice President Name
<u>James V. Burchfield, Sr.</u>	<u>James V. Burchfield, Sr.</u>
Street Address	Street Address
<u>728 Valley Street</u>	<u>52 Ambrose Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>	City <u>North Providence</u> State <u>RI</u> Zip <u>02904</u>
Treasurer Name	Secretary Name
<u>James V. Burchfield, Sr.</u>	<u>James V. Burchfield, Sr.</u>
Street Address	Street Address
<u>52 Ambrose Street</u>	<u>728 Valley Street</u>
City <u>North Providence</u> State <u>RI</u> Zip <u>02904</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>

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

Director Name	Director Name
<u>None</u>	
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>8000</u>	<u>Common</u>	<u>No Par Value</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>None</u>		

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

File Date: 3/5/98

Check No.: 2167

By: 91209

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.

James V. Burchfield Sr. 3/4/98
Signature of Officer Date

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

President
Title of Officer



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

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)



1. Corporate ID No. 92154		2. Name of Corporation CLASSIC ENTERTAINMENT & SPORTS, INC.			
3. Street Address Principal Business Office 52 AMBROSE STREET		City NO. PROVIDENCE,		State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 9696
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGEMENT AND PROMOTION OF PROFESSIONAL SPORTS					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JAMES V. BURCHFIELD, JR.			Vice President Name JAMES V. BURCHFIELD, SR.		
Street Address 728 VALLEY STREET			Street Address 52 AMBROSE STREET		
City PROVIDENCE,	State RI	Zip 02908	City NO. PROVIDENCE	State RI	Zip 02904
Secretary Name JAMES V. BURCHFIELD, SR.			Treasurer Name JAMES V. BURCHFIELD, JR.		
Street Address 52 AMBROSE STREET			Street Address 728 VALLEY STREET		
City NO. PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name JAMES V. BURCHFIELD, JR.			Director Name		
Street Address 728 VALLEY STREET			Street Address		
City PROVIDENCE,	State RI	Zip 02908	City	State	Zip
Director Name JAMES V. BURCHFIELD, SR.			Director Name		
Street Address 52 AMBROSE STREET			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	NONE		

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

File Date: 7/1/97
Check No: 1290
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: 7-1-97
Print or Type Name of Officer: JAMES V. BURCHFIELD, JR.
Title of Officer: PRESIDENT