



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>131462</b>		2. Exact name of the limited liability company <b>Good Sports &amp; Entertainment, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SPORTS MARKETING &amp; SPECIAL EVENTS</b>			
5. Principal office address <b>1200 HARTFORD AVE STE 117</b>		City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>WILLIAM A. VIGEANT</b>		Contact Title <b>MGR.</b>			
Street Address <b>1200 HARTFORD AVE STE 117</b>		City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 <b>WILLIAM A VIGEANT</b>		Manager Name			
Street Address <b>1200 HARTFORD AVE STE 117</b>		Street Address			
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
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 <b>WILLIAM A. VIGEANT</b>		Address			
Address <b>1200 HARTFORD AVENUE, SUITE 117</b>		City <b>JOHNSTON</b>		Zip <b>02919</b>	

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



File Date	<b>9-2-05</b>	*131462*
Check No.	<b>357</b>	
By:	<b>AMF</b>	
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 Authorized Person  
Date **9/2/05**  
**WILLIAM A. VIGEANT**  
Print or Type Name of Authorized Person



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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>131462</u>		2. Exact name of the limited liability company <u>GOOD SPORTS &amp; ENTERTAINMENT LLC.</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>SPORTS MARKETING</u>	
5. Principal office address <u>1200 HARTFORD AVE STE. 117</u>		City <u>JOHNSTON</u>	State <u>RI</u>
		Zip <u>02919</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>WILLIAM A. VIGEANT</u>		Contact Title <u>MGR.</u>	
Street Address <u>1200 HARTFORD AVE STE. 117</u>		City <u>JOHNSTON</u>	State <u>RI</u>
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City <u>JOHNSTON</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Manager Name		Manager Name	
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City	State	City	State
Zip		Zip	
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Address <u>1200 HARTFORD AVE STE 117</u>		City <u>JOHNSTON RI</u>	Zip <u>02919</u>

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

FILED

JUN 23 2005

By

KML

File Date

Check No.

CG9637

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 Authorized Person

Date

WILLIAM A. VIGEANT  
Print or Type Name of Authorized Person