



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. 89994		2. Exact name of the limited liability company R.I. SPORTS PROPERTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island recreation center	
5. Principal office address 30 Great Road		City Acton	State MA Zip 01720
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. McLaughlin		Contact Title Member	
Street Address 30 Great Road		City Acton	State MA Zip 01720
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Michael A. St. Pierre, Esq.		Address	
Address 946 Centerville Road		City Warwick	Zip 02886

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

File Date	12/12/05
Check No	011
By	<i>[Signature]</i>
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] 11/30/05
Signature of Authorized Person Date
Thomas M. McLaughlin
Print or Type Name of Authorized Person



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. 89994		2. Exact name of the limited liability company R.I. SPORTS PROPERTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RECREATIONAL CENTER.	
5. Principal office address 30 GREAT ROAD		City ACTON	State MA
		Zip 01720-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M MCLAUGHLIN		Contact Title	
Street Address 30 GREAT ROAD		City ACTON	State MA
		Zip 01720-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 R.I.G.L. 7-16-11			
Agent Name MICHAEL A. ST. PIERRE, ESQ.		Address 946 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886

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



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89994 DLLC 11/01/05 12:11:46 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

NOV 01 2005

By SA
C 81094

05 NOV - 1 PM 1:57
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.

Thomas M. McLaughlin 11/1/05
Signature of Authorized Person Date
Thomas M. McLaughlin Member
Print or Type Name of Authorized Person



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

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

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. 89994		2. Exact name of the limited liability company R.I. SPORTS PROPERTY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RECREATIONAL CENTER.	
5. Principal office address 30 GREAT ROAD		City ACTON	State MA Zip 01720-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M MCLAUGHLIN		Contact Title	
Street Address 30 GREAT ROAD		City ACTON	State MA Zip 01720-
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		Street Address	
City		State	
Manager Name		Street Address	
City		State	
Manager Name		Street Address	
City		State	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL A. ST. PIERRE, ESQ.		Address 946 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886

FILED

NOV 01 2005

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

By JA
@ 81094



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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.

Thomas Mclaughlin 11/1/05
Signature of Authorized Person Date
Thomas Mclaughlin, Member
Print or Type Name of Authorized Person

89994 DLLC 11/01/05 12:10:33 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89994		2. Exact name of the limited liability company RHODE ISLAND INDOOR SPORTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RECREATIONAL CENTER.	
5. Principal office address 30 Great Road		City Acton	State MA
		Zip 01720	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. McLaughlin		Contact Title President	
Street Address 30 Great Road		City Acton	State MA
		Zip 01720	
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 Thomas McLaughlin		Manager Name	
Street Address 30 Great Road		Street Address	
City Acton	State MA	City	State
Zip 01720		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MICHAEL A. ST. PIERRE, ESQ.		Address	
Address 946 CENTERVILLE ROAD		City WARWICK	Zip 02886

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



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FILED

File Date **OCT 14 2003**

Check No. _____

By: **4516 GMB**

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.

Thomas McLaughlin 10/14/03
Signature of Authorized Person Date

Thomas McLaughlin
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89994		2. Exact name of the limited liability company RHODE ISLAND INDOOR SPORTS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RECREATIONAL CENTER.			
5. Principal office address 30 Great Road		City Acton	State MA	Zip 01720	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas M. McLaughlin		Contact Title President			
Street Address 30 Great Road		City Acton	State MA	Zip 01720	
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 Thomas M. McLaughlin		Manager Name			
Street Address 30 Great Road		Street Address			
City Acton	State MA	Zip 01720	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 MICHAEL A. ST. PIERRE, ESQ.		Address			
Address 946 CENTERVILLE ROAD		City WARWICK	Zip 02886		

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



* 8 9 9 9 4 *

File Date 10.28.02
Check No. 4136
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] 10/23/02
Signature of Authorized Person Date

Thomas McLaughlin

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 89994

Annual Report for the year 2001

1. The name of the limited liability company is:

RHODE ISLAND INDOOR SPORTS, LLC

2. The address of the principal office of the limited liability company is:

30 Great Road, Acton, MA 01720

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MICHAEL A. ST. PIERRE, ESQ.

946 CENTERVILLE ROAD WARWICK RI 02886

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Thomas M. McLaughlin

30 Great Road, Acton, MA 01720

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Recreational Center

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Thomas McLaughlin</u>	<u>30 Great Road, Acton, MA 01720</u>

Dated 1/5/02



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.

RHODE ISLAND INDOOR SPORTS, LLC

Exact Name of Limited Liability Company

BY [Signature]
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>1-17-02</u>
Check No.:	<u>3872</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 89994

Annual Report for the year 2000

1. The name of the limited liability company is:

RHODE ISLAND INDOOR SPORTS, LLC

2. The address of the principal office of the limited liability company is:

30 Great Road, Acton, MA 01720

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MICHAEL A. ST. PIERRE

946 CENTERVILLE ROAD WARWICK RI 02886

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Thomas M. McLaughlin, 30 Great Road, Acton, MA 01720

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Recreational Center

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Thomas M. McLaughlin

30 Great Road, Acton, MA 01720

Dated 10/2/00

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.



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RHODE ISLAND INDOOR SPORTS, LLC.

Exact Name of Limited Liability Company

By [Signature]

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-16-00

Check No.: 3437

By: AME

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 89994

Annual Report for the year 1999

- The name of the limited liability company is:
RHODE ISLAND INDOOR SPORTS, LLC
- The address of the principal office of the limited liability company is:
30 Great Road, Acton, MA 01720
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: MICHAEL A. ST. PIERRE
946 CENTERVILLE ROAD WARWICK, RI 02886
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Thomas M. McLaughlin, 30 Great Road, Acton, MA 01720
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Recreational Center
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Thomas M. McLaughlin</u>	<u>30 Great Road, Acton, MA 01720</u>

Dated _____



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.

RHODE ISLAND INDOOR SPORTS, LLC
Exact Name of Limited Liability Company

By [Signature]
President
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 1/2/99
Check No.: 3047
By: GAA

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 89994

Annual Report for the year 1998

1. The name of the limited liability company is:

RHODE ISLAND INDOOR SPORTS, LLC

2. The address of the principal office of the limited liability company is:

30 Great Road, Acton, MA 01720

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MICHAEL A. ST. PIERRE

946 CENTERVILLE ROAD WARWICK, RI 02886

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Thomas M. McLaughlin, 30 Great Road, Acton, MA 01720

RI 02871

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Recreational Center

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Thomas M. McLaughlin

30 Great Road, Acton, MA 01720

Dated October 21, 1998



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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.

RHODE ISLAND INDOOR SPORTS, LLC

Exact Name of Limited Liability Company

By [Signature]

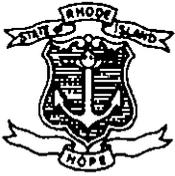
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11.2.98</u>
Check No.:	<u>1113</u>
By:	<u>WP</u>

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0089994

Annual Report for the year 1997

- 1. The name of the limited liability company is: RHODE ISLAND INDOOR SPORTS, LLC
2. The address of the principal office of the limited liability company is: 1 Lagoon Road, Portsmouth, RI 02871
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: Michael A. St. Pierre, Esq., 946 Centerville Road, Warwick, RI 02886
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Thomas M. McLaughlin, 1 Lagoon Road, Portsmouth, RI 02871
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Recreational Center

Table with 2 columns: Name, Address. Row 1: Thomas M. McLaughlin, 1 Lagoon Road, Portsmouth, RI 02871

Dated 4/1/97, 19 97

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.

RHODE ISLAND INDOOR SPORTS, LLC
Exact Name of Limited Liability Company

By [Signature]
President, Indoor Sports Management, Inc. its Manager

PAID
NOV 21 1997
SECRETARY OF STATE

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