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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000005909	M-F ATHLETIC COMPANY, INC.			
3. Principal Office Address		City	State	Zip
PO BOX 8090		CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
453991	SALE OF ATHLETIC EQUIPMENT AND RELATED EVENTS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ERIC D. FALK			Vice-President Name: ERIC D. FALK		
Street Address: PO BOX 8090			Street Address: PO BOX 8090		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920
Secretary Name: MARTHA D. FALK			Treasurer Name: DANA G. FALK		
Street Address: PO BOX 8090			Street Address: PO BOX 8090		
City:	State:	Zip:	City: CRANSTON	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NONE

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	Date
ERIC D. FALK	2/12/24

Signature of Authorized Representative: Eric D. Falk

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 04 2024
BY ML 15296

FORM 630 Revised. 12/2023