

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>68522</b>	2. Name of Corporation Richmond Country Club					
3. Street Address Principal Business Office 74 Sandy Pond Road			City Richmond	State RI	71p 02832	
4. Business Phone No. 5. State of Incorporat Rhode Island			9n			
6. Brief Description of the Character Operation of a Country Clu	ub including golf an	d all other legal opera				
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) TFILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
President Name Peter C. Hendrick			Sandra Hendrick			
Street Address			Street Address			
40 Purgatory Road			40 Purgatory Roa	ıd		
City Exeter	State RI	Ζίρ 02882	City Exeter	State RI	77p 02882	
Secretary Name Sandra Hendrick			Treasurer Name Sandra Hendrick			
Street Address 40 Purgatory Road			Street Address 40 Purgatory Road	Street Address 40 Purgatory Road		
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02882	сцу Exeter	State RI	<sup>Zip</sup> 02882	
8. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS: ("X" BOX FOR		IN SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name Peter Hendrick			Director Name Sandra Hendrick	Sandra Hendrick		
Street Address			Street Address			
40 Purgatory Road			40 Purgatory Road			
City	State	Zip	City	State	Zip	
Exeter	JRI	02882	Exeter	RI	02882	
Director Name			Director Name			
Street Address			Street Address			
СЦу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
1,000 Comm No Par Va			1,000	Comm	No Par Value	
1,000 Comm No Par Va			1,000	Gomin	140 Fair Value	
This report must be executed this report must be executed	d on behalf of the co	orporation by an authorporation by the receive	rized representative. If the ver or trustee.	corporation is in the hand	ds of a receiver or trustee.	
SEP	2 0 2007		•	of perjury, I declare and affirm		
	tmc		contained herein	companying schedules and s age true and correct.	G/. /	
File Date	30362	SE:11 544 0	7 838 la Signature	warien_	7/16/07 Date	
Check No	K348	11 11	Print on Type Nat		DRICK	
FOR SECRETARY OF S	TATE USE ONLY	· .	Title	res,		
		<u> </u>	- 4114		Form 630 Rev. 12/06	