

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007 401.222.3 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a torsely fee of \$25.00 to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation No. Sm	+h FIFIN FL	Y FishiNG CLUB	INC	
3. State of Incorporation RADE TS/AND	4. Corporate address in F	lhode Island - Street Address	· · · · · · · · · · · · · · · · · · ·	NO. SMITHFIELD	RI 02896
5. Foreign corporation. Enter principal office address			City	State State	Zup 249
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla			and		
	(BAR)				
Prøsident Name		: ("X" BOX FOR ATTACE	IMENT) TILL IN SPACES B Vice President Name	EFORE USING ATTACE	IMENTS
LAVRIE ENRIGHT			ED SALISBURY Street Address		
18/ BURNT HILL RD.			15 PULASKI HILL RD.		
HOPS	RI	02831	HARRISVILLE	State R <u>T</u>	a2830
GARY DAVIS			GALY DAVIS		
Street Address 42 MECHANIC ST.			Street Address 42 MECHANIC ST		
No. Smith.	State RI	02896	No SMITH	State R I	02896
8. NAMES AND ADDRESSE THE NUMBER OF DIRECT		IS: ("X" BOX FOR ATTA		BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. Director Name CENTRAL OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L.					((3). R.I.G.L. 7-6-23
GERARD LAFFERRIERE JR. Street Address			MICHAEL MORRISSEY Street Address		
624 WhiPPLE	State	Zip , , , ,	46 OVERL	EA LD.	Zip
OAKLAWD Director Name	RT	02858	NO SMITH	R±	02896
ED ARTRUC			JEFFREY LAFERRIERE		
30 ROBERTS ST.			29 BUCK HILL RD.		
HARRIS	State A	028 <i>3</i> 0	Thompson	State C+	06277
Agent Name Address Address					
GERARD LAFERRIERE			181 BURNT HILL RD.		
			HOPE R	I Zip OF	0831
This report must	be signed by either th	ne President, Vice Pres	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	ver or Trustee
					_
			Under penalty of perju	ry, I declare and affirm th	at I have examined this
en:	EI		report, including any ac	companying schedules and correct.	d statements, and that all
File Date		00:6 HA EST	30 LOOksignature of Officer	Say	J 10-23-0
Check No. OCT 2	3 2007		Local Differ	Enrich	Date
By <u>040</u>	0138 9:00	TATE TO YRAI	Print or Type Name of O	=	
FOR SECRETARY OF S	TATE USE ONLY	Title of Officer	ent	· · · · · · · · · · · · · · · · · · ·	