

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 2008

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 penatty jee oj 323.0 | v. | | | | | |
|--|---------------------------------|------------------------------------|----------------------------------|-----------------------------|--------------------------|--|
| 1 Corporate ID No | 2 Name of Corporation | | | | | |
| 38555 | South County | South County Tourism Council, Inc. | | | | |
| 3 State of Incorporation | 4. Corporate address | in Rhode Island - Street | Address | City: | Zψ | |
| Rhode Island | 4808 Tower H | lill Road Suite 101 | 1 | Wakefield | 02879 | |
| 5. Foreign corporation. Enter principal office address | | | City: | State | Zip | |
| 6. Brief Description of the ch | aracter of the affairs which ar | e actually conducted in F | Rhode Island | | <u> </u> | |
| 7. NAMES AND ADDR | ESSES OF THE OFFICE | ERS: ("X" BOX FOR A | <i>ITTACHMENT)</i> ∏ FILL IN SPA | CES BEFORE USING ATT | TACHMENTS | |
| President Name | | | Vice President Name | | | |
| Myrna George | | | William Bokon | | | |
| Street Address | | | Street Address | | | |
| 4808 Tower Hill Roa | ad Suite 101 | | 1136 Main Street | | | |
| City | State | Zip | City | State | Zip | |
| Wakefield | RI 02879 | | Wyoming | RI 02898 | | |
| Secretary Name Charles Beck | | | Treasurer Name Frank Prosnitz | | | |
| Street Address PO Box 640 | | | Street Address 59 Main Street | | | |
| City | State | Zip | City | State | Zip | |
| Charlestown | RI | 02813 | E. Greenwich | RI | 02818 | |
| 8. NAMES AND ADDR | ESSES OF THE DIRECT | TORS: ("X" BOX FOR | ATTACHMENT) TILL IN SPA | ACES BEFORE USING AT | TACHMENTS | |
| THE NUMBER OF DIA | RECTORS OF A DOME: | STIC (RHODE ISLA | ND) CORPORATION SHALL | NOT BE LESS THAN TH | REE (3). R.I.G.L. 7-6-23 | |
| Director Name | | | Director Name | | | |
| Deborah Fournier | | | Richard Benson | | | |
| Street Address | | | Street Address | | | |
| 850 Center of New I | England Blvd | | 78 Punch Bowl Tra | nił | | |
| City | State | Zip | City | State | Zip | |
| Coventry | RI | 02816 | Richmond | RI | 02882 | |
| Director Name David Pinska | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| 896 Main Street | | | | | | |
| City | State | Zip | City | State | Ζip | |
| Hope Valley | RI 02832 | | 1 | | | |
| 9. REGISTERED AGEN | T IN RHODE ISLAND | - DO NOT ALTER - | Changes require filing of F | orm 641 - R.I.G.L. 7-6-1 | 3 / 7-6-78 | |
| Agent Name | | | Address | | | |
| Address | | | City | , Zip | | |
| This report | must be signed by either | er the President, Vic | e President, Secretary, Assistan | nt Secretary, Treasurer, Re | eceiver or Trustee | |

| 3 8 5 5 5 | Under penalty of perjury, I declare and affirm that I have examined this report, including any according hying schedules and statements, and that all |
|----------------------|---|
| File Date FILED | statements contained herein are true and correct. 5/2Z/08 |
| Check NoMAY 2 3 2008 | Myrna George |
| By: By 55 | Print or Type Name of Officer President Title of Officer |