State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
71820	GBC ASSOCIATION		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	220 SAND HILL COVE ROAD	NARRAGANSETT	02882
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO OWN AND OPERATE A BEACH CLUB FOR THE PURPOSE OF PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES FOR ITS MEMBERS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
RICHARD DALEY					
Street Address			Street Address		
132 PLANTATION DRIVE					
City	State	Zip	City	State	Zip
CRANSTON	RI	02882			
Secretary Name			Treasurer Name		
BERNADETTE KERR			ADDIE KNIGHT		
Street Address			Street Address		
31 BONNET VIEW DRIVE			1231 HOPE ROAD		
City	State	Zip	City	State	Zip
NARRAGANSETT	RI	02882	HOPE	RI	02831

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
JAMES BALDWIN			JOSEPH FIORENZANO		
Street Address			Street Address		
39 PENGUIN DRIVE			15 ALBANY STREET		
City	State	Zip	City	State	Zip
NARRAGANSETT	RI	02882	NORTH PROVIDENCE	RI	02904
Director Name			Director Name		
STEVE PINCH			LISA FIORE		
Street Address			Street Address		
445 ALLEN AVENUE			74 KETTLE POND DRIVE		
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879	SOUTH KINGSTOWN	RI	02879

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name		Address	
MARGARET L. HOGAN, ESQUIRE			
Address		City	Zip
344 MAIN STREET, STE. 200		WAKEFIELD	02879

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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FILED
File Date JUN 03 2008
Check No.
By: By
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.

Bernadette M. Kerr
Signature of Officer *Date*

Bernadette Kerr
Print or Type Name of Officer

[redacted]

Secretary
Title of Officer

Form 631 Rev. 12/06

71820

NAME and ADDRESS OF DIRECTORS
-Continuation Page-

Josephine Curzake
8 Riptide Road
Narragansett, RI 02882

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JUN 03 2008
By 1648