



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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. 38330		2. Name of Corporation HIGHTRIDGE CORP			
3. Street Address Principal Business Office PO Box 9225			City Providence	State RI	Zip 02940
4. Business Phone No. 401-334-2610		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Swim + Tennis Club					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eduardo Lessa			Vice President Name		
Street Address 9 Logan Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Marcey Szurley			Treasurer Name Cynthia Donadio		
Street Address 14 Memorial Ave			Street Address 63 Blackstone Blvd		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Cavicchio			Director Name Eduardo Lessa		
Street Address			Street Address 9 Logan		
City Lincoln	State RI	Zip	City Lincoln	State RI	Zip 02865
Director Name Laurie Clark			Director Name		
Street Address 285 Elm Grove St			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
750	Comm No par value		50	Common	No Par

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.

Signature: Cynthia Donadio Date: 3.14.08  
Print or Type Name: Cynthia Donadio  
Title: Treasurer

File Date: **FILED**  
Check No.: JUN 12 2008  
By: [Signature]  
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