



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. 56200		2. Name of Corporation BRADFORD SPORTSMEN'S CLUB, INC		
3. State of Incorporation RI		3. Corporate address in Rhode Island - Street Address 15 DOMENIC NIGRELLI, 15 STONEHILL DR		City WESTERLY
				Zip 02891
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 PROVIDE RECREATIONAL FACILITIES FOR CLUB MEMBERS				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JACK McCORMICK			Vice President Name THOMAS LONGOLUCCO	
Street Address 32 HENRY STREET			Street Address 82 COLLINS RD	
City WESTERLY	State RI	Zip 02891	City ASHAWAY	Zip 02804
Secretary Name MARK FAIOLA			Treasurer Name DOMENIC NIGRELLI	
Street Address 11 FLETCHER DR			Street Address 15 STONE HILL DR	
City WESTERLY	State RI	Zip 02891	City WESTERLY	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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 HELEN NIGRELLI			Director Name STEVEN FARAGO	
Street Address 15 STONEHILL DR			Street Address 115 DUNNS CORNERS RD	
City WESTERLY	State RI	Zip 02891	City WESTERLY	Zip 02891
Director Name DAVID VIVICK			Director Name	
Street Address 7 SCAPA FLOW RD			Street Address	
City CHARLESTOWN	State RI	Zip 02813	City	Zip
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	
Address			City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Domenic F. Nigrelli 6-16-08
Signature of Officer Date

DOMENIC F. NIGRELLI
Print or Type Name of Officer

TREASURER
Title of Officer

FILED	
File Date	JUN 20 2008
Check No.	1018
By:	By
FOR SECRETARY OF STATE USE ONLY	