

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

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(codd)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 20672	2. Name of Corporation POND VIEW RAG	CQUET CLUB, INC.				
3. Street Address Principal Business Office 262 SHORE ROAD			City WESTERLY	State RI	<i>Ζφ</i> 02891	
4. Business Phone No. 5. State of Incorporation 401-322-1100 Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island Maintenance and Operation of Tennis Club						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Philip E. Shanley			Vice President Name Jane A. Shanley			
Street Address 18 Chapman Road			Street Address 18 Chapman Road			
City WESTERLY	State RI	^{Ζφ} 02891	City Westerly	State RI	^{Ζφ} 02891	
Secretary Name Philip E. Shanley			Treasurer Name Jane A. Shanley			
Street Address 18 Chapman Road			Street Address 18 Chapman Road			
City Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT: Director Name Philip E. Shanley			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jane A. Shanley			
Street Address 18 Chapman Road			Street Address 18 Chapman Road			
City Westerly	State RI	<i>2ip</i> 02891	City Westerly	State Ri	<i>Ζιρ</i> 02891	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			None	None	None	

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.						

File Date	FILED			
Check No.	JAN 15 2009			
Ву:	By			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I de-	clare and affirm	that I have examined this report,
including any accompanying	schedules and s	tatements, and that all statements
contained herein are true and	correct.	1/2/09
Signature	7	Date /
Jane A. Shanley		
Print or Type Name		
Vice President		
Title		_