



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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000026383

2. Name of Corporation Highridge Swim and Tennis Club

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: 192 OLD RIVER ROAD

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RECREATION FACILITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDUARDO LESSA	9 LOGAN DRIVE LINCOLN, RI 02865 USA
SECRETARY	MARCELLE SZURLEY	14 MEMORIAL DRIVE LINCOLN, RI 02865 USA
VICE PRESIDENT	RUSSELL FERRARA	63 ASHBROOK DRIVE CRANSTON, RI 02921 USA
DIRECTOR	EDWARD WESTRICK	10 EAGLE WEST DRIVE LINCOLN, RI 02865 USA
DIRECTOR	LISA PRESS	14 JACKSONIA DRIVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	FRANK ROSSI	288 EAST ST CRANSTON, RI 02920 USA
DIRECTOR	LAURIE CLARK	285 ELMGROVE AVE PROVIDENCE, RI 02096 USA
DIRECTOR	LOUIS LONG	236 OLD RIVER ROAD LINCOLN, RI 02865 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

EDUARDO LESSA 9 LOGAN DRIVE LINCOLN , RI 02865

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

Signed this 7 Day of May, 2009 at 10:16:41 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDUARDO LESSA

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07