

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 2009

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 sub-

penalty fee of \$25.00, 1. Corporate II) No.	2. Name of Con				s.L. 7-6-91) is subject to i	
29879	, "	Community Club of Touisset Point				
3. State of Incorporation	4. Corporate ac	4 Compared address to Physic Island Compared				
Ri	Touisset Road			Warren	Zip	
5. Foreign corporation. Ente			City	State	02885	
				Situe	Zip	
6. Brief Description of the char 7. NAMES AND ADDRE			thode Island  ATTACHMENT)   FILL IN SI	PACES REFORE USING AT	TACHLEENING	
President Name		-	Vice President Name	DEFORE COUNTY AT	INCHWIENTS	
Andrew Arruda			Patrick LeBeau			
Street Address	"		Street Address			
28 Brownell St.			8 George Street			
City	State	Ziμ	City	State	Z\$p	
Warren	RI	02885	Warren	RI	02885	
Secretary Name Joni Closson			Treasurer Name Patrick LeBeau			
Street Address			Street Address			
64 Brownell St.			8 George St,.			
Ciţv	State	Zip	Сйу	State	Zip	
Warren	RI	02885	│ Warren <i>'ATTACHMENT</i> )	RI	02885	
Director Name  Marsha Prindiville  Street Address			SND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7- Director Name  Ginger Desocio  Street Address			
18 George St.			14 George St.			
City	State	Zip	City	State	Zip	
Warren	RI	02885	Warren	RI	02885	
Director Name			Director Name		02000	
Adrian Boney			Terry Yates			
Street Address			Street Address			
18 Shell Road			10 Emery Rd.			
City	State	Zip	CHy	State	Zip	
Narren	RI	02885	l <sub>Wareen</sub>	RI	02885	
9. REGISTERED AGENT	IN RHODE ISLAI	ND		•	,	
			of State. Changes require filling			
This report n	nust be signed by	either the President, Vic	e President, Secretary, Assis	tant Secretary, Treasurer, R	ecsiver or Trustee	

File Date	FILED
Check No	MAY 22 2009
Ву:	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 ts contained herein are the and correct. Signature of Officer rendine

Title of Officer

ype Name of Offiger