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 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 subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
31286	Cup Defenders Association		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	230 Wood St.	Bristol	02809
5. **Foreign corporation.** Enter principal office address	City	State	Zip
		RI	

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Neighborhood Social Club.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MARK AREL	LOUIS FORTIN
Street Address: SAME AS CLUB	Street Address: SAME AS CLUB
City / State / Zip	City / State / Zip
Secretary Name: STEPHEN ZASOWSKI	Treasurer Name: Robbie TRAVERS
Street Address: SAME AS CLUB	Street Address: SAME AS CLUB
City / State / Zip	City / State / Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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~~ FINANCIAL SECRETARY STEPHEN GRANT	Director Name: SEBASTIAN DIAS
Street Address: SAME AS CLUB	Street Address: SAME AS CLUB
City / State / Zip	City / State / Zip
Director Name: DAVE CAMARA	Director Name: STEVE VIAU
Street Address: SAME AS CLUB	Street Address: SAME AS CLUB
City / State / Zip	City / State / Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

FILED

MAY 27 2009

By

[redacted]

[redacted]

29-90364

2009 MAY 27 AM 10:55

[redacted]

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 of Officer — Date: 5/9/09

STEPHEN GRANT
Print or Type Name of Officer

FINANCIAL SECRETARY
Title of Officer

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17

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State of Rhode Island
and Providence Plantations
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		RI	

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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	Jim Dwyer	Director Name	Anthony Dupont
Street Address	SAME AS club	Street Address	SAME As Club
City	State Zip	City	State Zip
Director Name	Joseph Franco	Director Name	Richard Belotti
Street Address	SAME AS club	Street Address	SAME AS club
City	State Zip	City	State Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-38

2009 MAY 27 AM 10:38

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

[redacted] [redacted]

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.

5/9/09
Date

Signature of Officer

STEPHEN GRANT
Print or Type Name of Officer

Financial Secretary
Title of Officer

File Date	
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY

2009 MAY 12 AM 10:55

[redacted]

Form 631 Rev. 09/17

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

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6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

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President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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	Curt Lancashine		Director Name		
Street Address	Same as Club		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

2009 MAY 27 AM 10:39

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

[redacted]

[redacted]

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.

5/9/09
Date

Signature of Officer

STEPHEN GRANT
Print or Type Name of Officer

FINANCIAL SECRETARY
Title of Officer

[redacted]

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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