

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

| penalty fee of \$25.00. 1. Corporate ID No. | 2 Name of Costs | oration | | | | | | |
|----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|----------------------------------|---------------------------------------|------------------------------|--|--|--|
| 27053 | ' ' | 2. Name of Corporation Barrington Democratic Club | | | | | | |
| 3. State of Incorporation | | Iress in Rhode Island - Street A | Address | City' | Zip | | | |
| Rhode Island | 186 Roffee | | | Barrington | 02806 | | | |
| | Foreign corporation. Enter principal office address | | | State | Zip | | | |
| was and and how many was beautiful all the summers | | | , i | | | | | |
| S Brief Description of the cha | racter of the affairs whic | b are actually conducted in RI | bode Island | | • | | | |
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| | | | _ | | | | | |
| | ESSES OF THE OFF | FICERS: ("X" BOX FOR A | TTACHMENT) [FILL IN SPA | CES BEFORE USING ATTA | ACHMENTS | | | |
| President Name | | | Vice President Name | | | | | |
| Michael Mc Gill | | | John Di Piero | | | | | |
| Street Address | | | Street Address 33 Prospect ST. | | | | | |
| 380 Franklin RD. ≎in | State | Zip | City | State | Zip | | | |
| Coventry | R.I. | 02816 | Barrington | R.I. | 02806 | | | |
| Secretary Name | 17.1. | 102010 | Treasurer Name | 1,1311 | 1 0 | | | |
| Richard Doughty | | | Gerald Lucianoj | | | | | |
| Street Address | | | Street Address | · · · · · · · · · · · · · · · · · · · | | | | |
| Bullockts RD. | | | 8751/2 H0pe Sreet | | | | | |
| City | State | Zip | City . | State | Zip | | | |
| Riverside | R.I. | 02195 | Bristol | R.I. | 02809 | | | |
| 3. NAMES AND ADDR | ESSES OF THE DIR | ECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN SPA | ACES BEFORE USING ATT | ACHMENTS | | | |
| THE NUMBER OF DIF | RECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION <u>SHALL</u> | NOT BE LESS THAN THE | <u>REE</u> (3). R.I.G.L. 7-0 | | | |
| Director Name | | | Director Name | | | | | |
| Shalen Cardin | | | Scott Coie | | | | | |
| Street Address | | | Street Address | | | | | |
| Sherwood DR. | | | 17 Harvey ST. | | | | | |
| City | State | Zip | City: | State | Zip | | | |
| Barrington R.I. | R.I. | 02806 | Riverside | R.I. | 02915 | | | |
| Director Name | | | Director Name | | | | | |
| Jerry Tobias | | | kevin Wright | | | | | |
| Street Address | | | Street Address Roffee ST. | | | | | |
| Willow way | | | | State | Zip | | | |
| Äty Dannin atau | State | Zip | City Parrington | R _I I, | 02806 | | | |
| Barrington 9. REGISTERED AGEN | R.I. | 02806 | ^l Barrington | $\int \mathbf{R}_i \mathbf{I}_i$ | 1 02000 | | | |
| 7. REGISTERED AGEN | I II KRODE ISLA | ND | | | | | | |
| This information is sure | ently of record in th | e Office of the Secretary | of State. Changes require filing | of Form 641 - R.I.G.L. 7-6- | 13/7-6-78 | | | |
| This information is curt | oning or record in in | 0 0,,,,,,, | or ormer commence and and anne | | | | | |

| villow way | | | Nonee or. | | |
|----------------------|---------------------------|--------------------------|----------------------------------|--------------------------------------------------------|--------------------------------|
| itv | State | Zip | City | State | Zip |
| arrington | R.I. | 02806 | l Barrington | R,I, | 02806 |
| | ENT IN RHODE ISLAN | D . | | | |
| his information is c | urrently of record in the | Office of the Secretary | of State. Changes require filing | g of Form 641 - R.I.G.L. | 7-6-13/7-6-78 |
| This rep | oort must be signed by e | ither the President, Vic | ce President, Secretary, Assist | tant Secretary, Treasure | r, Receiver or Trustee |
| | | | . , | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 27053 | | | | |
| | 27033 | | Under penalty | of perjury, I declare and | affirm that I have examined th |
| | | | | ng any accompanying sche tained herein are true apd | dules and statements, and that |
| | LILED | | Statements con | tained herein are true and | control. |
| File Date | JUN 02 2009 | | Signature of Off | ald live | (B-+c) 3/25/1 |
| ~! - 1 3!- | שטא אין אווענ | | Signature of Off | | Date |
| Check No. | sv 199 J | ····· | <u> </u> | & Lucin | ND |
| 3v: | '7 | | Print or Type N | ame of Officer | |
| , | DA DA OR OTHER HOP ONLY | | 1120 | a Brital | |
| FOR SECRE | TARY OF STATE USE ONLY | | Title of Officer | | E 621 B - 00/1 |
| | | | | | Form 631 Rev. 09/1 |