

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				<u>-</u>	
27429	The Blacks	tone Vallev	Snowmobile Club			
3. State of Incorporation	4. Corporate address in F	Bode Island - Street Address		City	Zip	
Rhode Island	P.O.Box 7	103		Cumberland	02864	
5. Foreign corporation. Enter prin	cipal office address	·	City	State	Zip	
6. Brief Description of the character	of the affairs which are act	rually conducted in Rhode Isla	ind			
			ile activities			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES BI	EFORE USING ATTACH	MENTS	
President Name			Vice President Name			
Gary A. Fortier			Renate Tartaglia			
Street Address	D		Street Address			
15 Glen Oak		T	<u>216 Toledo Aven</u>			
	State	Ζψ	City	State	Ζψ	
Cumberland Secretary Name	RI	02864	Pawtucket	RI	02860	
Catherine S	Savado		Treasurer Name			
Street Address	avage		Marjory R. Sav	age		
17 Howard R	load DO Day	. 7500	Street Address			
City	State	x 7522   Zip	15 Howard Road	I State	lav.	
		l .		State	Ζψ	
Cumberland 8. NAMES AND ADDRESSES	RI OF THE DIRECTOR	102854 S: CX" BOX FOR ATTAC	Cumberland   HMENT)	I RI	02864	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) (	ORPORATION SHALL NOT E	E CECC THAN THEER	(2) BICI 7 (22	
Director Name		( ICTODE TOLIETE)	Director Name	E LESS THAN THREE	(3). K.I.G.L. /-0-23	
Dorothy Ballou			Richard Savage			
Street Address			Street Address			
154 Bear Hill	Road Unit	1701	17 Howard Road	d POBox 752	<b>.</b>	
City	State	Zip	City	State	Zip	
Cumberland	RT	02864	Cumberland	RI	02864	
Director Name		<u> </u>	Director Name	1 1/1	02004	
Raymond Tarta	glia		Brenda Dussaul	lt		
Street Address			Street Address			
216 Toledo Av	enue		5 Schiller Str	reet		
City	State	Ζip	City	State	Ζip	
9. REGISTERED AGENT IN I	RHODE ISLAND	02860	   Pawtucket	RI	02860	
This information is currently o	f 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	he signed by either th	ne President Vice Presi	dent Secretary Assistant Socr	ntowy Transport Desiles		

the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED	
Check No	JUN 1 1 2009	
Ву:	By \533	
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 statements contained herein are true and correct. Signature of

<u>Savage</u>

Print or Type Name of Officer

Treasurer Title of Officer