

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

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. 29585	2. Name of Corporation CLUB Jo	GUES				
3. State of Incorporation	4. Corporate address in Ri			City	Zip	
RHODE ISLAND	<u> </u>	STON ST.		COVENIKY	02816	
5. Foreign corporation. Enter princ	cipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Club Organized For Pleasure + Recreation 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	1	EFORE USING ATTACH	MENTS	
Thomas P. Daley			Gary Michael			
Street Address 147 Windsor Pork Dr.			190 Blackrock Rd			
Coventry	State RI	^{Zip} 02816	Coventry	R.I.	02816	
Secretary Name Timoth	y J. Dale	y	Steven	J. Simmon		
Street Address 48 Cedar St			Street Address 61 Hazard St			
Coventry	R.I.	^{Zip} 02816	Coventry	R.I.	0 28 16	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL 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						
Thomas J. Daley			Norman Giroux			
33 Sheffield Ave			95 Meadowbrook Farm			
Coventry	State RI	02816	Coventry	State RI	0281G	
Charles W. Sidelinger			Director Name John	F. Daley		
233 Black rock Rd			Street Address 43 Valley Crest Dr.			
Coventry 9. REGISTERED AGENT IN	RT RHODE ISLAND	0281G	Coventry	State RI	02816	
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	ne President, Vice Pres	sident, Secretary, Assistant Sec	retary, Treasurer, Receiv	ver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined this report, ingluding any accompanying schedules and statements, and that all
FILED File Date	statements contained herein are true and correct.
JUN 1 5 2009	LS: (1: 1: Signature of Officer) Date Steven & Simmons
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Roy, 09/17

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