

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

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 73 7	<del>,</del>						
1. Corporate ID No.	2. Name of Cor	poration			· · · · · · · · · · · · · · · · · · ·		
0052180	SURFSIDE	8" Square Dance Clu	b				
3. State of Incorporation	4. Corporate ac	ldress in Rhode Island - Street	Address	City	Zip		
RI	22 Trolley	Lane		Westerly	02891		
5. Foreign corporation. Ent	er principal office addr	ess	City	State	Zip		
		ich are actually conducted in k					
Encouraging Square a	nd Round dancing	g by sponsoring lessons	and dances.				
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPACE	CES REEADE HEINA ATT	ACHRENTO		
President Name			Vice President Name	CLS DEFORE USING ATT	ACHMENIS		
Tim Grilley			Lynne Jason				
Street Address		······································	Street Address				
222 West Rd.			183 Denison Hill Rd.				
Сйу	State	Zip	City	State	Zip		
Salem	СТ	06420	N. Stonington	СТ	06359		
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name				
Marcia Samuel			Donald Brown				
Street Address			Street Address	Street Address			
22 Trolley Lane			35 Borodell Ave.				
City	State	Ζίρ	City	State	Zip		
Vesterly	RI	02891	Mystic	СТ	06355		
8. NAMES AND ADDRI	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	CES BEFORE USING ATT	TACHMENTS		
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Mike Gardella Street Address			Al Charette Street Address				
							25 Hubbard St.
City	State	Zip	СИу	State	Zip		
Westerly	RI	02891	Mystic	СТ	06355		
Director Name			Director Name				
Ron Reeves							
Street Address			Street Address				
9 Mystic Hill Rd							
City	State	Zip	City	State	Zip		
Mystic	CT	06355	į į		'		
9. REGISTERED AGENT	IN RHODE ISLA	ND .		1	ī		
This information is curre	ntly of record in the	e Office of the Secretory of	of State Changes require 51	fr	12.5 4.00		
			of State. Changes require filing o		l l		
This report	must be signed by	either the President, Vic	e President, Secretary, Assistan	t Secretary, Treasurer, Re	eceiver or Trustee		

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File Date	FILED
Check No.	JUN 18 2009
Ву:	By 2645
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined thi
report, including any accompanying schedules and statements, and that al
statements contained herein are true and correct.

Signature of Officer Marcia Samuel

Print or Type Name of Officer

Secretary & Registered Agent

Title of Officer