

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.

penauy jee oj \$23.00.						
1. Corporate ID No.	2. Name of Corporation					
30243	Pond Shore Association, Inc.					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			Сиу	Zip	
Rhode Island C/O Charles J. McCarthy,			, Esquire	Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
					•	
 Brief Description of the character 	of the affairs which are	e actually conducted in Rhoc	ie Island			
To acquire, hold	and manage	recreational:	facilities.			
7. NAMES AND ADDRESSES	S OF THE OFFICE	ERS: ("X" BOX FOR ATT	ACHMENT)	S BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
Richard J. Ruggie	ro					
Street Address			Street Address			
Pond Shore rive						
City	State	Zip	City	State	Zψ	
Charlestown	RI	02813				
secretary Name			Treasurer Name			
Elizabeth Ruggier	<u>ro</u>		Craig Lappen			
Street Address			Street Address			
Pond Shore Drive			Pond Shore Dri	ve		
City	State	Zip	City	State	Zip	
Charlestown	RI	02813	Charlestown	RI	02813	
			TTACHMENT) TILL IN SPACE			
THE NUMBER OF DIRECTO	ORS OF A DOMES	STIC (RHODE ISLANI	D) CORPORATION SHALL NO	<u>T BE LESS THAN THRE</u>	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Nina Maleiko			Susan Allen			
Novet Address			Street Address			
Pond Shore Drive			Pond Shore Drive			
CIŲ	State	Zip)	Cu_V	State	Zip	
Charlestown	RI	02813	Charlestown	RI	02813	
Director Name Thomas Cosker			Director Name			
Street Address			Street Address			
Pond Shore Drive						
Ciţi	State	Zip	City	State	Zip	
Charlestown	RI	02813	ĺ			
9. REGISTERED AGENT IN	RHODE ISLAND	•		•	'	
This information is currently of	of record in the Of	fice of the Secretary of	State. Changes require filing of F	form 641 - R.I.G.L. 7-6-13	/7-6-78	
			President, Secretary, Assistant S			
must	or mener of cities	or and racolacin, vice i	i resident, occiciaty, ANSISIABI 3	secretaty, freasurer Rece	PIVER OF Trustee	

Under penalty of perjury, I declare and affirm that I have example including any accompany	amined this
File Date File Date Check No. Por Secretary of State use on M 3 3 2003 Form 631 R File Date report, including any accompanying schedules and statements, and statements contained hardin are true and correct. Signature of Officer AICHARD Form 631 R Form 631 R	and that all