



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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. 131709		2. Name of Corporation Corvette Cruisers			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address c/o Paul Harrington 54 Cole Drive		City North Kingstown	Zip 02852
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul T Harrington			Vice President Name Mary Lou Greco		
Street Address 54 Cole Dr			Street Address 194 Selma St		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02920
Secretary Name MaryLou Greco			Treasurer Name Paul T Harrington		
Street Address 194 Selma St			Street Address 54 Cole Dr		
City Cranston	State RI	Zip 02920	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL 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					
Director Name Paul T Harrington			Director Name MaryLou Greco		
Street Address 54 Cole Dr			Street Address 194 Selma St		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02852
Director Name Peter Sacchetti			Director Name		
Street Address 165 Grandview Dr			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
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 President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

131709

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 Officer

Date

Paul T Harrington

6/20/09

Print or Type Name of Officer

President

Title of Officer

File Date

Check No.

By:

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