

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

2009 Providence, RI 02904-2615

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 3 3 3						
1. Corporate ID No. 2 76 23	2. Name of Corporation Bradfo	rd Socia	l Club			
3. State of Incorporation R L	4. Corporate address in Ri	bode Island - Street Address LANE P.C.), Box 164	Brad ford	D2808	
5. Foreign corporation. Enter prin	cipal office address		Brodford	State RI	ZIP 30080B,	
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 DALE A. BOSS SR.			Richard Murry 355			
Street Address 460 ROSS Hill Rd.			38 North Main St. P.O. Box 165 3			
Charlestown	State RT	02813	Bradford	State RI	^{Zip} ⇔808	
Secretary Name RAYMOND	LASpee	SR	Treasurer Name Richard W	lurray		
Street Address hurch	54		Street Address	in St. P.O. B	0x165	
Bradford	State	02808	Bradford	State RI	^{zip} 02808	
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						
JOHN HODIS			5000 B	2c_lc		
Street Address	P.		Street Address 102 Brad	Ford F	1,7	
SHARLESTOWN!	State I.	CS8/3	Brad Ford	State RT	02808	
Director Name	ANKINS		Director Name BRIAN	K BLAC	K	
street Address 730 ALTON C	Arocal	nd	Street Address C. L. BEA	TRICE 31	REET	
CHANCESTOWN 9. REGISTERED AGENT IN 1	State (] RHODE ISLAND	zip 02813	WESTEICLY	State 12 I	210 289 L	
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 appears must be signed by sixty Ab Davidson V. Da						

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
	FILED	statements contained herein are true and correct.
File Date	TILLE	Kuhun Munas Dr. 6-30-0
Check No.	JUL 0,7(2009	Signature of Officer Date
	By	Print or Type Name of Officer
By:FOR SECRET	TARY OF STATE USE ONLY	Vice President
	(M.) ((1)	Title of Officer Form 631 Rev. 09/17