



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

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.

1. Corporate ID No. 28032		2. Name of Corporation C+RCLUB	
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 162 CARPENTER ST.	
5. Foreign corporation. Enter principal office address 162 CARPENTER ST.		City PROV.	Zip 02903
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SPORTS SOCIAL GET TOGETHER		State RI	Zip 02903
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LOUIS SPRENGULLI		Vice President Name	
Street Address 160 CARPENTER ST.		Street Address	
City PROV.	State RI	City	State
Zip 02903		Zip	
Secretary Name EDWARD CHAFFEE		Treasurer Name	
Street Address 3 RALLAS ST.		Street Address	
City PROV.	State RI	City	State
Zip 02903		Zip	
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 JASON PARENTEAU		Director Name DANA PARENTEAU	
Street Address 2 STONE HILL DRIVE		Street Address 15 PRIGE CIRCLE	
City CUMBERLAND	State RI	City PROV.	State RI
Zip		Zip	
Director Name JAMIE CHAFFEE		Director Name	
Street Address 150 CARPENTER ST.		Street Address	
City PROV.	State RI	City	State
Zip 02903		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. 7-6-13/7-6-7			

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

LOUIS SPRENGULLI
160 CARPENTER ST. PROV. 02903

FILED

AUG 28 2009

File Date	By
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

LOUIS SPRENGULLI - 2009
Signature of Officer
LOUIS SPRENGULLI
Print or Type Name of Officer

Title of Officer