

1 Corporate ID No

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222,3040 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

11013	Club 2	00 INC	Eq.	_ State 1 _	Zip
Street Address Principal Business Office 200 BROAD WAY		NEW PORT	- State R.I	02840	
. Busmess Phone No. 401-848-		5. State of Incorporation			
Brief Description of the Charac	<u> </u>	1 Rhode Island			
esident Name		S: ("X" BOX FOR ATTAC	CHMENT) [FILL IN SI	PACES BEFORE USING AT	TACHMENTS
PATRICK M. DugAN			: Street Address		
302 BloAD WAY					
NEWPORT	State R. I.	Zip 02840	СПу	Stale	Zip
ecretary Name	1.15		Treasurer Name		
SAME AS ABOVE Street Address			Street Address		
City	State	Zip	City	State	Zip
. NAMES AND ADDRESS	SES OF THE DIRECTO	 DRS:	: ACHMENT) [] FILL IN	SPACES BEFORE USING A	
Director Name	_		Director Name		
PATRICE M. DugAN			: Street Address		<u> </u>
PATRICK M. DUGAN Street Address 202 BROADWAY City NEWPORT R.I. 249 02840					
City A ICA I P. AT	State	zφ 02840	City	State	Zip 4 [2]
Director Name			Director Name		
			•		5 - 1
Street Address			Street Address Com		
СЦУ	State	Zip	Сиу	State	Zip -
n oxiabro aternovievei	<u> </u>		10 SHARES ISSUED	("X" BOX FOR ATTACHM	 UENT) □
9. SHARES AUTHORIZEI	,			CTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1,000	COMMON	NO PAR VALL
This report must be execu	ited on behalf of the c	ornoration by an authorize	ed representative. If the c	orporation is in the hands o	f a receiver or trustee
this report must be execu	ted on behalf of the co	orporation by the receiver	or trustee.	•	
					_
		Ell ED	71 1		t I have a remined this to
		FILED	including any acco	erjury, I declare and affirm tha ompanying schedules and state	ments, and that all states
	Ç	SEP 0 8/2009	contained herein	re true and correct.	2/1/10
File Date	В	1	Valmh	My Angun	9/4/09 Date
Check No.	رن	4110	Signature	& M. Dugar	Date
CALLER 110.		164.98/2	Print or Type Name		
		1/00/	Dr. Lype Hume		
By:		-	Parc		
	F STATE USE ONLY		Title PRES		Form 630 Rev. 08/0