

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

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.

penatty jee of \$25.00,						
1. Corporate ID No.	2. Name of Corporation					
DNP 44495	THE SOUTH	COUNTY C	HAMBER SINGE	RS INC		
3. State of Incorporation RT.	1. Corporate address in ρ , 0, Box 4		ress	W. Kingston	02892	
5. Foreign corporation. Enter principal office address		City	State	Zip		
6. Brief Description of the characte	r of the affairs which are a	ctually conducted in Rhode	e Island			
7. NAMES AND ADDRESSI	ES OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACES	S BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
MARGARET DEIN BRADLEY			DANIEL A. BLYCKER			
Struet Address 21 AZalea Ra,			Street Address 12 Mawney St.			
City Norragansett	State P.T	Zip 02882	C. Weenwich	State RT	02818	
Morraganse1T	112	00080			100010	
SUSAN HAMMEN -WINN				Treasurer Name		
	14 - 60 //4/4		Street Address	MARSHA GUTLERREZ		
45 Willett Rd.			66 Clinton AV.			
Saunders town	State I	02874	Jamestown	Stafe I	02835	
8. NAMES AND ADDRESSI	ES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIRECT	TORS OF A DOMEST	IC (RHODE ISLAND) CORPORATION <u>SHALL NO</u>	OT BE LESS THAN THRE	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
HAROLD BIBB			JEBH QUINN			
Street Address			Street Address			
62 Enterpris	se Terrac	<u>د</u>	18 Seavieur	AV. Apt. 2		
City Kingston Director Name	State RL	^{Zip} 02881	Newpart	hv. Hpt, 2 kiaie RI	01810	
Director Name			Director Name			
KRISTEL HENRY			CORNELIA SCHACHT			
Street Address			Street Address	Λ , ι.		
780 Fairgrou	nds Kds		58 Berkeley	HV, 并上	· · · · · · · · · · · · · · · · · · ·	
180 Fairgrow W. Kingston	State T	02892	58 Berkeley Newport	State RT	02.840	
9. REGISTERED AGENT IN	N RHODE ISLAND	•	•	-		
			State. Changes require filing of F			
This report mu	st be signed by either	the President, Vice F	President, Secretary, Assistant	Secretary, Treasurer, Rec	eiver or Trustee	

File Date _	FIL	FILED				
Check No	heck No. DEC 0 2 2009					
Ву:	Ву	\mathcal{Y}				
FC	OR SECRETARY OF STATE USE	ONLY 11	ĺĺ			
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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.

Morgaret D.).		11/29/09
Signature of Officer	/	¹ Date

MARGARET DEW BRADLEY
Print or Type Name of Officer

PRESIDENT

Title of Officer