

A. Ralph Mollis, Secretary of Sta Corporations Divisi 148 W. River Stre Providence, RI 02904-26.

401.222.30

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. Corporate ID No.	2. Name of Corporation				
6066 26792			(LUB, Ir	¥ (.	
3. State of Incorporation				City	Zip
1(1)	1 3 SHA	n Hie		(L/172577	N C 2405
5. Foreign corporation. Enter pr	rincipal office address		City	State	Zip
5. Brief Description of the characte The Clu a CluBhous 7. NAMES AND ADDRESS	er of the affairs which gre ac	tually conducted in Rhode Isl	and PASMAN Ship and	I NAVIGATION F	and provides
a clubhous	a pad Anc	horase for	The uso a	nite membe	r.c
7. NAMES AND ADDRESS	ES OF THE OFFICERS	S: ("X" BOX FOR ATTACH	MENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Provident Name			Vice President Name		
TETFREY TORKTINGTON			PEBCRAH WLOCH		
Street Address FARK	AVE.		Street Address 3 4 Street	TH SPENCER	Ril.
		Zip	City	State ()	
HARRISVILLE	人工	C2836	SPENCER	11/14	C1562
			Treasurer Name		
Secretary Name FLORENCE STEAKED			JUSCIH GIANINI		
Street Address FAIKL	N DECILLE		Street Address	TICE BLUD	
Om 1 TINC. Co	I com	775	9 [] [[[]]	1766 0-40	l au
any ATTLEBURG	siale 137H	C2763	AUTUCKT T	State 7	C2 366
8. NAMES AND ADDRESS	I ES OF THE DIRECTO	RS: ("X" BOX FOR ATTA	CHMENT) □ FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
THE NUMBER OF DIREC	TORS OF A DOMESTI	IC (RHODE ISLAND)	CORPORATION SHALL		REE (3). R.I.G.L. 7-6-23
D: 1 15 4	_	•	Director Name	1	(5): 1:::: 0.2: , 0.25
HNDREU BURKHANDI			THEO ASCHMAN		
Street Address 1329 NARKEANSETT BLID			Street Address		
1329 1019	KKEAN SETT	DELD.	4 Huk	CORA AUX	*
cuy (KAA) ston	State //	zip 7915-	Cuy (LAN STO	N State RI	C2965
Director Name (LL/ITI)			Director Name		
Street Address 22 BCL-TON ST			Street Address		
City / / / 2 5	State /	Zip	City	State	Zip
WITKUICH	State R.T.	1 C2555			
9. REGISTERED AGENT II	N RHODE ISLAND			•	•
This information is currently	v of record in the Office	e of the Secretary of Stat	e. Changes require filing (of Form 641 - R.I.G.L. 7-6-	13/7-6-78
This report mu	ist be signed by either	the President, Vice Pre-	sident, Secretary, Assista	ant Secretary, Treasurer, Re	eceiver or Trustee
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	DEC 2 4 2009				
	C144.255				
∵y_	1048		• •	of perjury, I declare and affir g any accompanying schedule	
		\neg		any accompanying schedule ained herein are, true and corre	
File Date			JuillA	rhigten, Prair	/ / /
The Diag.	10: St	HA POST	Signature of Office		Date
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By:	TAIR STAIR	ap 文88244655 ■	—	л Л	
FOR SECRETARY OF	STATE USE ONLY U	MIZOS ELIM	Title of Officer	umodore	
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