



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. 000088218		2. Name of Corporation COVENTRY MEN'S CLUB, INC.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 30 PHILLIPS HILL ROAD		City COVENTRY	Zip 02816
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island MEMBERS CLUB					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD S. WOOD			Vice President Name ROBERT BOWES		
Street Address 685 HAMMET ROAD			Street Address 741 PLAIN MEETING HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02817
Secretary Name CORY BURNHAM			Treasurer Name BARBARA M. GUYER		
Street Address 918A MAIN ST			Street Address 4 BRENDA DR.		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 RONALD WOOD			Director Name ROBERT BOWES		
Street Address 685 HAMMET ROAD			Street Address 741 PLAIN MEETING HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02817
Director Name CORY BURNHAM			Director Name BARBARA M. GUYER		
Street Address 918A MAIN ST.			Street Address 4 BRENDA DR.		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		
			Zip		

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

11:03

FILED	
File Date	MAR 08 2010
Check No.	
By:	By [Signature] 113259
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.

Barbara M. Guyer 3/4/10
Signature of Officer / Date
BARBARA M. GUYER
Print or Type Name of Officer
TREASURER
Title of Officer