

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

401.222.3040

Providence, RI 02904-2615 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.

penaity jee of \$25.00.				(-440 0020)	o > 1) to smoject to a	
1. Corporate ID No.	2. Name of Corporation					
30231	TOWN HOW	TOWN HOWLERS SQUARE DANCE CLUB OF AGUIDNECK ISLAND 4. Corporate address in Rhode Island - Street Address City Zip Zip				
3. State of Incorporation	4. Corporate address in 1	Rbode Island - Street Addres	S CLUB	City	1 JLAND	
R.I.	110 BR157	OL FERRY	R D.	PARTSMANTH	0 2071	
5. Foreign corporation. Enter pri	ncipal office address	•	City	State	Zin	
<u></u>						
6. Brief Description of the character	r of the affairs which are act	tually conducted in Rhode Is	land			
SQUARE DA 7. NAMES AND ADDRESSE	NC /NG S OF THE OFFICERS	: ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES B	EFORE USING ATTACH	IMENTS	
A POSSIBLE TREATME			Vice President Name			
DONALD DAVIS MARLENE DAVIS Street Address			ROBERT HAMILTON			
Street Address			Street Address			
8 OKVILLE	E DR.		543 PARK	AVF.		
City ,	State	Zip	City	State	Zip	
SCHOOLE TOWN	LK.I.	07842	543 PARK City PORTSMONTH	1 R. I.	0.2871	
Secretary Name			Treasurer Name		1 - 20 1 /	
CAROL SUSAN PEARCE			BAYMOND A. COTTA			
Street Address 37 ANSON DR. City State PORTS 1404714 R. I. U2871			Stroot Address			
37 ANSC	N DR.		3 PALMER	5 T.		
City	State	Zip	City	State	Zip	
PORTS MOYTH	R.I'	0.7871	PORTSMOUTH	B. Tr	02871	
o. NAMES AND ADDRESSES	S OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	CHMENT) TILL IN SPACES E	EFORE USING ATTACH	IMENTS	
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			Director Name	-D DDOV III V III KEE	(<i>J)</i> . R.I.G.L. /-0-23	
BAYMOND COPER Street Address			PAULINE HARRIS			
Street Address			Street Address	111(11)		
138 WAMPAN CAG DR. City State Zip PORTS MONTH R. I. 07871			45 MARE TERRACE City State Zip PORTSMUUTH R.J. 03871			
City	State	Zip	City	State	Zip	
PORTSMOUTH	LR, \mathcal{I}	07871	PORTSMOUTH	R.T.	0 2871	
Director Name			Director Name	11 '	09011	
PAT CUO	17E13		DAN HAR	RIG		
Street Address			Street Address			
138WAMPAN	OAG DR	,	HE MARE T	FORACE		
Сйу	State	Zip	City	State	715	
138 W.A. M.P.A. N. Cuy PORTS MOUTH 9. registered agent in 1	R,T	03871	CHY PORTS MONTH	R. I	02871	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

File Date	FILED
Check No	MAY 1 2 2010
<i>Ву:</i> _ Ву	265
I	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm th report, including any accompanying schedules and	at I have examined this I statements, and that all
statements contained herein are true and correct.	
Signature of Officer	5-9-10
Signatuje of Officer	Date
BAYMOND A. COTTA Print or Type Name of Officer	
Frint or Type Name of Officer	
TREASURER	

Title of Officer