

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 $\frac{2010}{1000}$

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						
506295	Ocean State Curling Club, Inc.						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip		
RHODE ISLAND	233 MAPLEWOO	D DRIVE		EAST GREENWICH	02818		
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							
TO TEACH, DEVELOP, PR	OMOTE AND ENCO	URAGE THE SPORT	OF CURLING				
T NAMES AND ADDRESSES	OF THE OFFICERS	("V" DOV FOR ITTICIT	MENTS THE ENGINEER DI	ECODE HEINIC ATTACH	MENTE		
	OF THE OFFICERS:	(X BOX FOR ATTACH	MENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name				
President Name KATHLEEN BRADY			NONE				
Street Address			Street Address				
26 PEGGY LANE			sireer ruur ess				
City	State	Zip	City	State	Zip		
PORTSMOUTH	RI	02871					
Secretary Name			Treasurer Name				
TIMOTHY D. WATSON			HEIDI M. KEVORKIAN				
Street Address			Street Address				
162 DANIEL DRIVE			233 MAPLEWOOD DRIVE				
City	State	Zip	City	State	Zip		
NORTH KINGSTOWN	RI	02852	EAST GREENWICH	RI	02818		
		•	HMENT) TILL IN SPACES B				
	ORS OF A DOMESTIC	C (RHODE ISLAND) C	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name			Director Name				
KATHLEEN BRADY			TIMOTHY D. WATSON				
Street Address			Street Address				
26 PEGGY LANE		· · · · · · · · · · · · · · · · · · ·	102 DAMEE DRIVE				
City	State	Zip	City	State	Zip		
PORTSMOUTH	RI	02871	NORTH KINGSTOWN	RI	02 85 2		
Director Name HEIDI M. KEVORKIAN			Director Name				
Street Address			Street Address				
233 MAPLEWOOD DRIVE							
City	State	Zip	City	State	Zip		
EAST GREENWICH	RI	02818					
9. REGISTERED AGENT IN	RHODE ISLAND	-		-	Zip-72: 09		
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							

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File DateFIL	.ED
Check No. JUN 0	3 2010
By: FOR SECRETARY OF S	ME SECOLLY
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506295

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and state	
statements contained herein are true and correct.	5/13/10
Signature of Officer	Date
TIMOTHY D. WATSON	
Print or Type Name of Officer	
SECRETARY	
Title of Officer	

Form 631 Rev. 09/17