



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 2011**

**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. <b>29798</b>		2. Name of Corporation <b>COLUMBUS CLUB OF NEWPORT RI INC</b>		
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>60 HALSEY STREET</b>		City <b>NEWPORT</b>
				Zip <b>02840</b>
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 <b>CHARITABLE AND FRATERNAL</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>PAUL G. SAUNDERS</b>		Vice President Name <b>MICHAEL A O'SULLIVAN</b>		
Street Address <b>37 W. NARRAGANSETT AVE</b>		Street Address <b>58 HALSEY STREET</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>
Secretary Name <b>THOMAS J. O'MALLEY</b>		Treasurer Name <b>DAVID W. DRESSER</b>		
Street Address <b>46 WEBSTER STREET</b>		Street Address <b>502 BROADWAY</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		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 <b>MARSHALL MICHAEL</b>		Director Name <b>STEPHEN J. SAN FILIPPO</b>		
Street Address <b>35 1/2 EARL AVENUE</b>		Street Address <b>28 BAY VIEW PARK</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>
Director Name <b>MICHAEL E. HICKS</b>		Director Name		
Street Address <b>6 GIBSON PARK PLACE</b>		Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State
9. REGISTERED AGENT IN RHODE ISLAND				
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

<b>FILED</b>	
File Date	<b>MAY 28 2011</b>
Check No.	<b>4699</b>
By	<b>THOMAS J. O'MALLEY</b>
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.

**Thomas J. O'Malley** 5-27-2011  
Signature of Officer Date  
**THOMAS J. O'MALLEY**  
Print or Type Name of Officer  
**FINANCIAL SECRETARY**  
Title of Officer