RI SOS Filing Number: 201180013240 Date: 06/08/2011 4:00 PM

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. 68856	*2. Name of Corporation* Barrington Gridiron Club, Inc.		
3. State of Incorporation Rhode Island	*4. Corporate address in Rhode Island - Street Address* 12 Beaver Road	*City* Barrington	*Zip* 02806
*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 provide additional support to the Barrington High School Varsity, Jr. Varsity, Freshman and Pop Warner Football programs.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Timothy Meehan			*Vice President Name* Nicholas Toman		
Street Address 12 Beaver Road			*Street Address* 15 High Street		
City Barrington	*State* RI	*Zip* 02806	*City* Barrington	*State* RI	*Zip* 02806
Secretary Name n/a			*Treasurer Name* Gregory Speiss		
Street Address			*Street Address* 21 Preston Drive		
City Barrington	*State* RI	*Zip* 02806	*City* Barrington	*State* RI	*Zip* 02806

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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 Timothy Meehan			*Director Name* Nicholas Toman		
Street Address 12 Beaver Road			*Street Address* 15 High Street		
City Barrington	*State* RI	*Zip* 02806	*City* Barrington	*State* RI	*Zip* 02806
Director Name n/a			*Director Name* Gregory Speiss		
Street Address			*Street Address* 21 Preston Drive		
City	*State*	*Zip*	*City* Barrington	*State* RI	*Zip* 02806

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

FILED
File Date _____
Check No. JUN 0 8 2011
By: BY 774
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.

Timothy Meehan 5-28-11
Signature of Officer *Date*

Timothy Meehan
Print or Type Name of Officer

President
Title of Officer

64310-17-616330

Form 631 Rev. 09/17