



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. 52180		2. Name of Corporation SURESIDE " " SQUARE DANCE CLUB		
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address c/o MARCIA SAMUEL 22 TROLLEY LANE		City WESTERLY
				Zip 02891
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 SOCIAL CLUB FOR SQUARE AND ROUND DANCING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name LYNNE A. JASON		Vice President Name JAMES A. SAMUEL, JR.		
Street Address 183 DENISON HILL RD		Street Address 22 TROLLEY LANE		
City NO STONINGTON	State CT	Zip 06359	City WESTERLY	State RI
			Zip 02891	
Secretary Name SUE REEVES		Treasurer Name JONATHAN GIBSON		
Street Address 9 MYSTIC HILL ROAD		Street Address 3 GREENHAVEN ROAD		
City MYSTIC	State CT	Zip 06355	City PAUCA TOCK	State CT
			Zip 06379	
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 ALFRED CHARETTE		Director Name TIMOTHY E. GRILLEY		
Street Address 88 SOMERSET DRIVE		Street Address 222 WEST ROAD		
City MYSTIC	State CT	Zip 06355	City SALEM	State CT
			Zip 06420	
Director Name RONALD REEVES		Director Name		
Street Address 9 MYSTIC HILL ROAD.		Street Address		
City MYSTIC	State CT	Zip 06355	City	State
			Zip	
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 JUN 21 2011

Check No. BY JSYD

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.

Lynne A. Jason 6-17-11
Signature of Officer Date

LYNNE A. JASON
Print or Type Name of Officer

PRESIDENT
Title of Officer