



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>52180</u>		2. Exact name of the Corporation <u>SURFSIDE "8" SQUARE DANCE CLUB</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Social Club for Square and Round Dancing</u>	
5. Principal office address <u>22 TROLLEY LANE</u>		City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>LYNNE A. JASON</u>		Vice-President Name <u>James A. Samuel, Jr.</u>	
Street Address <u>183 Dennison Hill Rd</u>		Street Address <u>22 Trolley Lane</u>	
City <u>No. Stonington</u>	State <u>CT</u>	City <u>Westerly</u>	State <u>RI</u> Zip <u>02891</u>
Secretary Name <u>SUE REEVES</u>		Treasurer Name <u>Jonathan Gibson</u>	
Street Address <u>9 Mystic Hill Road</u>		Street Address <u>3 Greenhaven Rd</u>	
City <u>MYSTIC</u>	State <u>CT</u>	City <u>PAWCATUCK</u>	State <u>CT</u> Zip <u>06379</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Arlene Charette</u>		Director Name <u>Timothy E. Grilley</u>	
Street Address <u>88 Somerset Drive</u>		Street Address <u>222 West Road</u>	
City <u>MYSTIC</u>	State <u>CT</u>	City <u>Salem</u>	State <u>CT</u> Zip <u>06420</u>
Director Name <u>Ronald Reeves</u>		Director Name	
Street Address <u>9 Mystic Hill Road</u>		Street Address	
City <u>MYSTIC</u>	State <u>CT</u>	City	State Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

JUN 19 2012

Check No _____

2945

By: _____

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 6-15-12
 Signature of Officer Date

LYNNE A. JASON
 Print or Type Name of Officer

President
 Title of Officer