



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. 27402		2. Exact name of the Corporation Kendbrin Swim and Tennis Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island swim and tennis club			
5. Principal office address 25 Hospital Road			City Riverside	State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian J. Durkin			Vice-President Name Jerry Coyne		
Street Address 8 Bayberry Lane			Street Address 8 Newbrook Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Daniel Guglielmo			Treasurer Name Nancy Martin		
Street Address 39 Bradford Street			Street Address 7 Chapman Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Brian J. Durkin			Director Name Jerry Coyne		
Street Address 8 Bayberry Lane			Street Address 8 Newbrook Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Daniel Guglielmo			Director Name Nancy Martin		
Street Address 39 Bradford Street			Street Address 7 Chapman Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Corp. ID Number: 27402

KENDBRIN SWIM AND TENNIS CLUB
Attachment for 2012 Annual Report

Additional Directors:

Address:

Bill DeWitt

4 OLD FORGE RD. BARR RI 02806

Louann Diehl

11 DRISCOLL LN BARR RI 02806

Sharon D'Antuano

275 LYNN LN BURRIVILLE RI 02839

Jill Sabatine

54 UNIVERSITY AVE. PROV. RI 02906

John Alessandro

15 MEADOWBROOK DR. BARR RI 02806

Peter Erickson

44 WOODLAND RD. BARR RI 02806

Jeff Bennett

36 PROSPECT ST. BARR RI 02806

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JUN 21 2012

BY TD 27402