



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. 000029559		2. Exact name of the Corporation WASHINGTON COUNTY COLUMBUS CLUB			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island COUNCIL MEETINGS, CHARITY AFFAIRS, SOCIAL GATHERINGS			
5. Principal office address 1265 TOWER HILL ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name ROBERT B. JACKSON			Vice-President Name WILLIAM P. CRANDALL		
Street Address 23 OLDE MILL LANE			Street Address 115 GOOSEBERRY ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City WAKEFIELD	State RI	Zip 02879
Secretary Name RICHARD J. DIMARIA			Treasurer Name EDWARD M. CLUNE		
Street Address 150 JUNPIER DRIVE			Street Address 133 CHADWICK ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name CHRISTOPHER SQUILLANTE			Director Name THOMAS J. MULLIGAN		
Street Address 15 WILLET ROAD			Street Address 44 JUNPIER DRIVE		
City SAUNDERSTOWN	State RI	Zip 02874	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name BRUCE R. CADDEN			Director Name ERIC L. MOHRING		
Street Address 172 STONEY ACRE DRIVE			Street Address 108 GROVE AVENUE		
City CRANSTON	State RI	Zip 02920	City NORTH KINGSTOWN	State RI	Zip 02852
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 29 2012

Check No _____

By: _____

BY [Signature]

FOR SECRETARY OF STATE USE ONLY

29-173988

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] **6/29/12**

Signature of Officer

Date

ROBERT B. JACKSON

Print or Type Name of Officer

PRESIDENT

Title of Officer

JUN 29 PM 12:44
 SECRETARY OF STATE
 CORPORATIONS DIV

**ATTACHMENT
WASHINGTON COUNTY COLUMBUS CLUB
ID 000029559**

**TIMOTHY S. GELINAS
36 BEECH STREET
NARRAGANSETT, RI 02882**

**ROBERT J. MONIZA
242 WIDOW SWEET ROAD
EXETER, RI 02822**