



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 2008

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. 0029670		2. Exact name of the Corporation SPORTSMENS HAPPY HOUR CLUB			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB			
5. Principal office address 390 CHILD STREET		City WARREN	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN SAMPSON		Vice-President Name VACANT			
Street Address 201 SCHOOLHOUSE ROAD		Street Address			
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name SPENCER HACKLEY		Treasurer Name WILLIAM MONAST			
Street Address 167 STONEY HILL ROAD		Street Address 2 MONAST AVENUE			
City SWANSEA	State MA	Zip 02777	City WARREN	State RI	Zip 02885
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEPHEN SAMPSON		Director Name SPENCER HACKLEY			
Street Address 201 SCHOOLHOUSE ROAD		Street Address 167 STONEY HILL ROAD			
City WARREN	State RI	Zip 02885	City SWANSEA	State MA	Zip 02777
Director Name WILLIAM MONAST		Director Name			
Street Address 2 MONAST AVENUE		Street Address			
City WARREN	State RI	Zip 02885	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE **FILED**

DEC 07 2012

BY **112185101**

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 **12-2-12**

SPENCER HACKLEY

Print or Type Name of Officer

DIRECTOR/SECRETARY

Title of Officer

AFFIDAVIT OF SPENCER HACKLEY

I, SPENCER HACKLEY, of the Town of Warren, Rhode Island, hereby state the following:

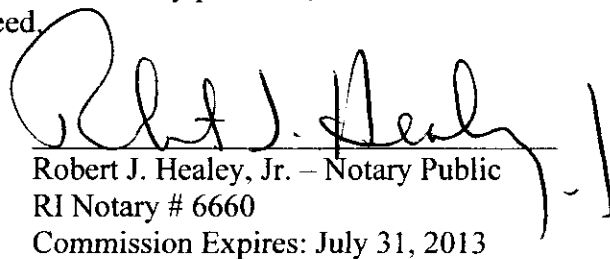
1. I was a member of the Sportsmens Happy Hour Club, Inc.;
2. That to the best of my recollection, recall, and belief, the Board of Directors was comprised of William Monast, Stephen Sampson, and Spencer Hackley;
3. That the club had its corporate entity revoked in 1985;
4. That after a diligent search for corporate documents, including a records search at the office of the Rhode Island Secretary of State and the District Court records for the State of Rhode Island, the corporate documents cannot be located;
5. That the existing corporate papers do not include a listing of the last Board of Directors;
6. That no corporate meeting of the Board of Directors has been held since 1986.

I swear to the above as being true and correct to the best of my knowledge and belief.


SPENCER HACKLEY

STATE OF RHODE ISLAND
COUNTY OF BRISTOL

In the Town of Warren on this the 16th day of September, 2012, before me appeared SPENCER HACKLEY, and he swore to the above in my presence, and he executed this instrument before me of his free act and deed.


Robert J. Healey, Jr. – Notary Public
RI Notary # 6660
Commission Expires: July 31, 2013