



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. 000147365		2. Exact name of the Corporation Rhode Island Abbey Golf Club Incorporated			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Holding Company			
5. Principal office address 2701 Renaissance Boulevard, Fourth Floor		City King of Prussia		State PA	Zip 19406
President Name Richard Heany		Vice-President Name J. Brian O'Neill			
Street Address 2701 Renaissance Boulevard, Fourth Floor		Street Address 2701 Renaissance Boulevard, Fourth Floor			
City King of Prussia	State PA	Zip 19406	City King of Prussia	State PA	Zip 19406
Secretary Name J. Brian O'Neill		Treasurer Name J. Brian O'Neill			
Street Address 2701 Renaissance Boulevard, Fourth Floor		Street Address 2701 Renaissance Boulevard, Fourth Floor			
City King of Prussia	State PA	Zip 19406	City King of Prussia	State PA	Zip 19406
7. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (*2 BOX FOR ATTACHMENT)					
Director Name Richard Heany		Director Name J. Brian O'Neill			
Street Address 2701 Renaissance Boulevard, Fourth Floor		Street Address 2701 Renaissance Boulevard, Fourth Floor			
City King of Prussia	State PA	Zip 19406	City King of Prussia	State PA	Zip 19406
Director Name Joseph Brian O'Neill, Jr.		Director Name			
Street Address 2701 Renaissance Boulevard, Fourth Floor		Street Address			
City King of Prussia	State PA	Zip 19406	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 ONLY

Form No. 631

Revised: 05/2012

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

1/8/2013

Date

J. Brian O'Neill

Print or Type Name of Officer

Vice President

Title of Officer