



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 ATTACHMENTS)					
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

FILED

File Date: _____

Check No: **JAN 09 2013**

By: **RS NISO**

FOR SECRETARY OF STATE USE ONLY

BY

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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: **J. Brian O'Neill** Date: **1/8/2013**

Print or Type Name of Officer: **J. Brian O'Neill**

Title of Officer: **Vice President**