

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filling Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
32589	Quidne	Quidnessett Country Club, Inc.				
Principal office address 35 Socknosset Cross Road		City Cranston	State RI	Zip 02920		
4. Business Phone No. (401)946-4000			5. State of Incorporation Rhode Island			
6. Brief description of the Country Club	character of business	conducted in Rhode Islan	d			
Alba Pegalent	(NAMES AND ADOR	ESSECT DAMBOY FOR A	TACHNEN			
President Name William N. Janikies			Vice-President Name None			
Street Address 35 Socknosset Cr	oss Road		Street Address		<u> </u>	
City Cranston	State RI	Zip 02920	City	State	Zip	
Secretary Name Cynthia A. Janikie	es-Simonson		Treasurer Name Cynthia A. Jani	kies-Simonson		
Street Address 35 Socknosset Cross Road			Street Address 35 Socknosset Cross Road			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	And Annual Control of the Control of		
Director Name William N. Janikies	s	-	Director Name Cynthia A. Jani	kies-Simonson		
Street Address 35 Socknosset Cre	oss Road		Street Address 35 Socknosset			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZE		The second secon	10. SHARES ISSUED	EXEBOX FOR AT FACH	MENT	
	-		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		54	A - Common	No Par		
·-			5,346	B - Common	No Par	
This report must be exec	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the of the corporation by the re	corporation is in the hands eceiver or trustee.	of a receiver or trustee,	
A CONTROL OF THE CONT	2	LILED	Under penalty of pe	erjury, I declare and affire	n that I have examine	

FIRE CONTROL OF THE C	Under penalty of perjury, I declare a this report, including any accompar and that all statements contained he	rying schedules and statements.
10	190	02/05/2013
The second secon	3ignature of Authorized Representative	ve Date
FOR SECRETARY OF STATE USE ONLY	Cynthia J. Simonson	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative