



148 W. KIVER STREET, PROVIDENCE, RHODE ISLAND 02904-2013

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. <u>28827</u>		2. Exact name of the Corporation <u>QUANOUCHONTAUG Tennis Club</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Tennis Association</u>	
5. Principal office address <u>PO Box 155</u>		City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Julie Low</u>		Vice-President Name <u>Susan Barber</u>	
Street Address <u>535 Hill Farm Rd</u>		Street Address <u>Senbroere Ave</u>	
City <u>Farfield</u>	State <u>CT</u>	Zip <u>06824</u>	City <u>Charlestown</u> State <u>RI</u> Zip <u>02813</u>
Secretary Name <u>Laura Angel Long</u>		Treasurer Name <u>James Buccheri</u>	
Street Address <u>3 Smt Box Lane E</u>		Street Address <u>37 S Borough Rd</u>	
City <u>Dorion</u>	State <u>CT</u>	Zip <u>06820</u>	City <u>Sourthington</u> State <u>CT</u> Zip <u>06488</u>
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>72 Peter Goodwin</u>		Director Name <u>Tracey Maron</u>	
Street Address <u>Paradise Ln.</u>		Street Address <u>15 Highland Rd</u>	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Charlestown</u> State <u>RI</u> Zip <u>02813</u>
Director Name <u>Coral Cavanagh</u>		Director Name	
Street Address <u>25 Nathaniel Green Rd.</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02813</u>	City State Zip
. 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: _____

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 James Buccheri Date _____
Print or Type Name of Officer
James Buccheri
Title of Officer
Treasurer

FOR SECRETARY OF STATE USE ONLY
FILED

Form No. 631
Revised: 05/2012

MAY 21 2013

By MMC
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