



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 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. 71820		2. Exact name of the Corporation GBC ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To own and operate a beach club for the purpose of providing social and recreational activities for its members			
5. Principal office address 220 SAND HILL COVE ROAD			City NARRAGANSETT	State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jacquelyn Tracy			Vice-President Name Donna Carlson		
Street Address 5 Second Street			Street Address 89 Preservation Way		
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879
Secretary Name Suzanne Hassan			Treasurer Name Eugene D'Onofrio		
Street Address 105 Stoneway Road			Street Address 211 Haverhill Road		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kathy Beam			Director Name Addie Knight		
Street Address 5 Chickadee Lane			Street Address 1231 Hope Road		
City Westwood	State MA	Zip 02090	City Hope	State RI	Zip 02831
Director Name Josephine Curzake			Director Name Joe Fiorenzano		
Street Address 8 Riptide Road			Street Address 15 Albany Street		
City Narragansett	State RI	Zip 02882	City North Providence	State RI	Zip 02904
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
 BY _____

FILED
MAY 30 2013
 1039

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.

Suzanne Hassan May 20th 2013
 Signature of Officer Date
Suzanne Hassan
 Print or Type Name of Officer
Secretary
 Title of Officer

**GBC ASSOCIATION
#71820**

NAME and ADDRESS OF DIRECTORS
- Continuation Page -

Paul Harrington
58 Cindy Lane
Cranston, RI 02921

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BY FD 71820