RI SOS Filing Number: 201439840740 Date: 05/22/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
30311	TRIGGS MENS INNER CLUB
3. State of Incorporation: R.I.	4. Brief description of the character of business conducted in Rhode Island: MEMBER GROUP OF GOLFERS INVOLVED IN COMPETITIVE PLAY.

5. Principal office address	City	State	Zip
1533 CHALKSTONE AVENUE	PROVIDENCE	R.I.	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
RICHARD MAGGIACOMO	390 SUNSET AVENUE	NO. PROVIDENCE	R.I.	02904
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
THOMAS CABANA, JR.	127 GLENBRIDGE AVENUE	PROVIDENCE	R.I.	02909
Secretary Name	**Street Address**	**City**	**State**	**Zip**
RICHARD J. BERNARD	32 HIGHLAND AVENUE	COVENTRY	R.I.	02816
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
ERNEST J. MASI, JR.	51 WEST RIVER PARKWAY	NO. PROVIDENCE	R.I.	02904

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOSEPH BRANCA	181 STERLING AVENUE	PROVIDENCE	R.I.	02909
Director Name	**Street Address**	**City**	**State**	**Zip**
JOSEPH LOVETT, JR.	66 E NIPMUC TRAIL	NO. PROVIDENCE	R.I.	02904
Director Name	**Street Address**	**City**	**State**	**Zip**
DENNIS BROPHY	242 ADMIRAL STREET	PROVIDENCE	R.I.	02908
Director Name	**Street Address**	**City**	**State**	**Zip**
PETER HALLAS	8 ROMA AVENUE	JOHNSTON	R.I.	02919

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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAY 22 2014

BY 14014

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.

Ernest J. Masi, Jr. 5/21/14
Signature of Officer or Authorized Representative — Date

ERNEST J. MASI, JR.
Print or Type Name of Officer or Authorized Representative

TREASURER

106773-4-958119
Form No. 631
Revised: 04/2014