

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	S INNER CLU	B	
3. State of Incorporation	4. Brief description of the character of but	siness conducted in Rhode Island		
PT	MEMBER GROUP OF GOLFERS INVOLVED			
IJ·Ţ,	IN COMPETITI	IVE PLAY.		
5. Principal office address 1533 CHALKSTONE AVENUE		PROVIDENCE	State Zip C 2909	
4. LIST SEE OF FIGURE ON AND ADDITECTOR (X DOX FOR AT INCHIELTY)				
President Name	CCIACOMO	Vice-President Name	alla to	
RICHARD MAGGIACOMO Street Address		THOMAS CABANA, JR.		
390 SUNSET AVENUE		127 GLENBRIDGE AVENUE		
NO. PROVIDENCE	State Zip	PROVIDENCE	State Zip OZ909	
Secretary Name		Treasurer Name		
RICHARD J. BERNARD		ERNEST J. M	451,011	
Street Address 32 HIGHLAND AVENUE		Street Address 51 WESTRIVER PARKWAY		
	State	NO.PROVIDENCE	State 7. Zip 02904	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)				
Director Name + DSEPH BRA	ANCA	Director Name JOSEPH LOV	ETT JR.	
Street Address		Street Address .	7 ,	
	NG AVENUE		C TRAIL	
PROVIDENCE	State Zip 02909	NO PROVIDENCE	State Zip 02904	
DENNIS BROPHY		Director Name PETER HALLAS		
Street Address		Street Address	- A 10 A P	
242 ADMIRAL STREET		8 ROMA AVI	ENUE	
PROVIDENCE	State Zip 02908	TOHNSTON	R.T. 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				
eu ed				

	FILED	Under penalty of perjury, I declare and affirm that I have examined
File Date		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	MAY 2 2 2014	Ennest J. Masy M. 5/21/14
By:	1904	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY		FRNEST T MOSI TR.

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative

TREASURER